THE CANADIAN NURSE

RIODICALS R. R.

OLUME 52 • NUMBER 3
MONTREAL

Highlight for
MARCH 1956

MPROVEMENT OF PATIENT CARE
ESTHER LUCILE BROWN

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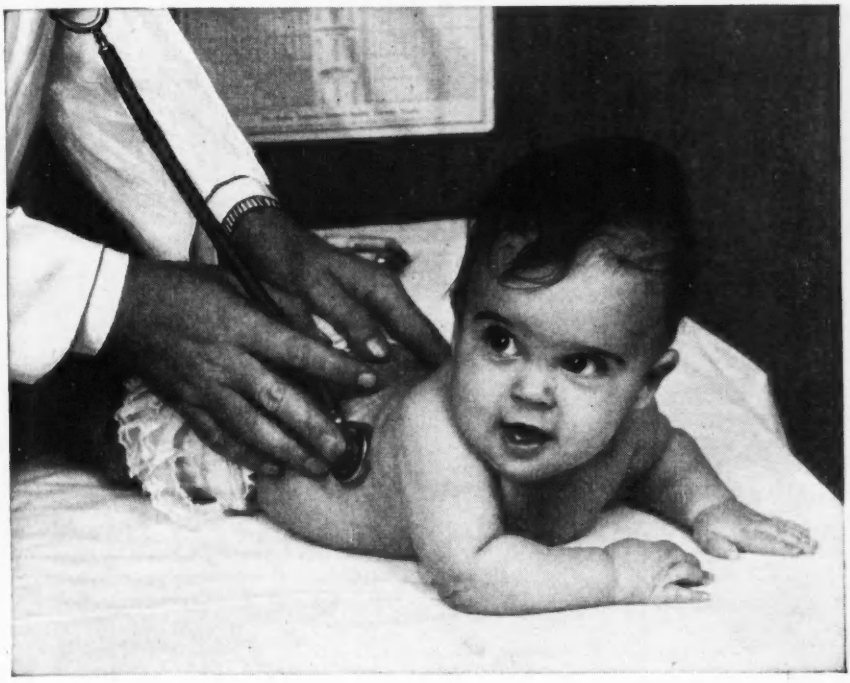

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THE CANADIAN NURSE
L'Infirmière Canadienne

VOLUME 52 **NUMBER 3**

MARCH 1956

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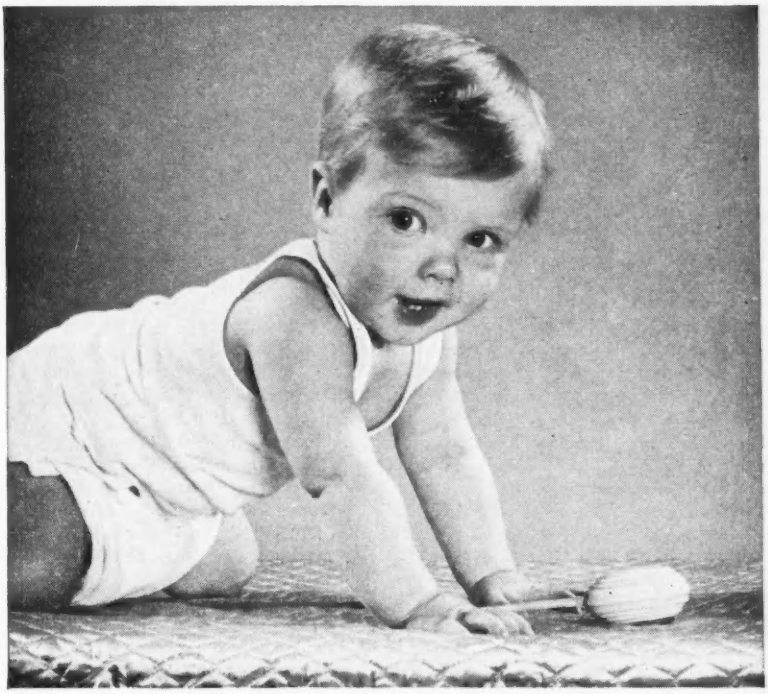

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Between Ourselves

LAST SUMMER A CONFERENCE was held at National Office when there was considerable discussion regarding the topics that would probably generate greatest interest in the forthcoming convention. Everyone would want to know about costs so Ethel Armstrong Collins, convention coordinator of the CNA, was assigned the task of securing information from the railway companies and the airlines about fares. That information was published last October, together with a preliminary description of some post-convention tours. Following the 1954 convention, the arranged tours proved so popular that Mrs. Collins has spent a great deal of time perfecting arrangements for the vacation trips this year. Considerable supplementary material regarding them was published last month.

The two special trains from Eastern Canada to Winnipeg have been well-publicized both at provincial annual meetings and through the *Journal*. This month, **Margaret Steed** tells us of the enjoyment of the hundreds of nurses who travelled on the "Nurses Special" in 1954.

As everyone knows by now, the theme of this year's convention is "Nursing Serves the Nation." Alice Girard, chairman of the CNA Nursing Service Committee posed some thought-provoking questions relating to this theme last month. "But basic to good nursing service," ran the discussion at last summer's conference, "is nursing education. In stressing our theme this year, we must not let it completely overshadow the importance of a sound educational program to provide the highly qualified nursing staffs to give the service."

Though she has retired from the School of Nursing of the University of Toronto where, after more than 30 years, her dynamic leadership has left an indelible mark, **E. Kathleen Russell** has by no means retired from active interest and participation in nursing education. Shortly after completing an interim evaluation of the centralized nursing program at the University of Saskatchewan last year, Dr. Russell was appointed by the University of New Brunswick to make an intensive study of the schools of nursing in that province.

Dr. Russell's interest has never been confined to any one school. On the contrary, she has always conceived of nursing education as being the medium through which improved community service might be effected. She was one of the first to advocate a survey of nursing education in Canada and served as a member of the joint committee that guided the project some 25 years ago. We are delighted to welcome her as our guest editor this month.

* * *

As has often been said in the course of talks about our Journal, there is a very varied reader audience for every issue. This audience ranges from the more senior group in administrative and executive positions through the vast throng of staff nurses in every branch of our profession to the eager youngsters who are the students in our schools of nursing. It includes hundreds of nurses who are no longer active participants in the hospitals and public health organizations but who nevertheless are valued workers in the chapters and district associations — the associate members who are always eager to know what is going on in the nursing world. Each issue is planned with this wide span of reader interest in mind.

This month we welcome to this readership all of the active and associate members of the Registered Nurses' Association of Nova Scotia. You will find mental stimulation in the challenging address of Dr. **Esther Lucile Brown**, in the discussion of developments in the program of two Canadian university schools of nursing, in the analysis of what psychiatric nursing really is. Good reading, friends!

* * *

Those Canadians whose good fortune it was to receive Florence Nightingale Foundation fellowships probably have all received copies of the new book, recently published by the League of Red Cross Societies, "The Lamp Radiant." This is a fascinating story of the inception, development and postwar achievements of that illustrious group of "Old Internationals" whose memories of war-destroyed 15 Manchester Square, London, remain ever fresh. Others who are interested in securing this small history may order it from the League at 26 Avenue Beau-Séjour, Geneva, Switzerland. The price is 80 cents.

We judge ourselves by what we feel capable of doing, while others judge us by what we have already done. — LONGFELLOW

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Edited by **DEAN F. N. HUGHES**

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Manufacturer—Frank W. Horner Ltd., Montreal.

Description—Contains: Bicetonium (cetyldimethylbenzylammonium chloride) 0.025%, methapyrilene HCl 0.25%, ephedrine HCl 0.50%, hydrocortisone 0.02%.

Indications—Allergic rhinitis, acute and chronic rhinitis, nasopharyngitis and sinusitis.

Administration—To be sprayed or dropped into nostrils as prescribed.

BUTISOL

Manufacturer—McNeil Laboratories, Philadelphia; Can. Dist.: Van Zant & Co. Ltd., Toronto, Ont.

Description—Butisol repeat action tablets, each containing 30 mg. butisol sodium (sodium 5-ethyl-5-sec-butyl barbiturate), 15 mg. in the outer coat for immediate release and 15 mg. in the specially coated core for delayed action.

Indications—Conditions requiring mild prolonged sedation such as: Essential hypertension, coronary disease, congestive heart failure, premenstrual tension, menopause, anxiety neuroses, etc.

Administration—One dose affords a sustained sedative effect for 8 to 12 hours. Dosage is 1 or 2 tablets 2 or 3 times a day.

COLISONE

Manufacturer—Charles E. Frosst & Co., Montreal.

Description—Brand of prednisone, anti-inflammatory and antirheumatic agent said to be 3-5 times as effective as cortisone or hydrocortisone. Scored tablets of 5.0 mg.

Indications—Collagen diseases — as for cortisone.

Administration—Initially, 20 to 30 mg. daily by mouth in divided doses after meals and before retiring. Higher doses may sometimes be indicated. Maintenance doses range from 5 to 20 mg. daily.

DICOSAL

Manufacturer—H. Powell Chemical Company Ltd., Bowmanville, Ont.

Description—Compressed tablet containing: Salicylamide (6 gr.) 390 mg., secobarbital sodium (1/4 gr.) 16 mg., dihydrocodeinone bitartrate (1/8 gr.) 8 mg.

Indications—As an analgesic and sedative for the relief of pain symptoms of migraine, neuralgia, severe headache, dysmenorrhea, muscle and joint pains.

Administration—One tablet every three or four hours.

GAMADYNE No. 1, No. 2, No. 3

Manufacturer—Gama Pharmaceuticals Ltd., Toronto, Ont.

Descriptions—Each capsule contains:

	No. 1	No. 2	No. 3
Acetylsalicylic Acid	5 gr.	5 gr.	5 gr.
Phenacetin	2 gr.	2 gr.	2 gr.
Caffeine Citrate	1/2 gr.	1/2 gr.	1/2 gr.
Codeine Phosphate	1/8 gr.	1/4 gr.	1/2 gr.

Indications—Analgesic, anodyne, antipyretic.

Administration—One or two capsules as directed by physician.

GAMATUSS

Manufacturer—Gama Pharmaceuticals Ltd., Toronto, Ont.

Description—Each fl. oz. contains: Codeine phosphate 1 gr., sodium citrate 25 gr., ammonium chloride 16 gr., potassium iodide 16 gr., chloroform 1.6 m. in a palatable flavored base.

Indications—Expectorant and respiratory sedative.

Administration—One or two teaspoonfuls every four hours. Children, according to age.

GOLD SODIUM THIOSULPHATE

Manufacturer—Abbott Laboratories Limited, Montreal.

Indications—For the treatment of lupus erythematosus.

Administration—Solutions of this gold salt are unstable. They should be freshly prepared before using.

Dosage—The preferred initial dose is 5 mg. given intravenously in 2 to 5 cc. of sterile distilled water. Subsequent doses given at weekly intervals are increased 5 mg. per dose to a maximum of 50 mg. for women and 75 mg. for men provided no reactions have occurred.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

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Director of Nursing,
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Description—Each scored tablet contains penicillin G potassium 500,000 I.U. formulated so that disintegration occurs in the small intestine.

Indication—Treatment and prevention of infections due to penicillin-sensitive organisms.

Administration—Therapeutic — 2 or 3 tablets daily are usually adequate except in bacterial endocarditis, meningitis and staphylococcic sepsis.

Prophylactic — One-half tablet twice daily. Higher blood levels are obtained when given on a fasting stomach.

INFLUENZA VIRUS VACCINE POLYVALENT

Manufacturer—Lederle Laboratories Division, North American Cyanamid Ltd., Montreal.

Description—A refined and concentrated vaccine prepared by centrifugation from the extra-embryonic fluid of the chick embryo and formalin-killed.

Indications—Immunization against epidemic influenza.

Administration—Subcutaneously or intramuscularly. This vaccine should not be injected intravenously.

Dosage—Adult: 1 cc. Children under 12 years of age: Dose should not exceed 0.5 cc. with proportionately less for the very young. Booster injection: 0.5 cc. if unusual epidemic conditions exist. The booster injection should be given preferably 6 months to 1 year after basic immunization.

LIQUID SOBEE

Manufacturer—Mead Johnson & Company of Canada, Limited, Toronto and Belleville, Ontario.

Description—Made from water, soybean, flour, dextromaltose, sucrose, soybean oil, coconut oil, calcium carbonate, sodium chloride, dicalcium phosphate, chondrus extract, vitamin A palmitate and calciferol.

Indication—Hypoallergenic soya formula for allergic infants.

Administration—As directed by physician.

NEUTRA DETERGENT CAKE

Manufacturer—Neutra Chemical Co., Toronto.

Description—An alkyl aryl sulphonate (Nacconol) detergent adjusted to pH 5.5-6.0 in a bar form containing 4% olive oil to protect skin against excess drying.

Indications—For soap-sensitive skin, acne and whenever thorough cleansing of skin is indicated.

Administration—Use instead of soap.

NEUTRATAR SHAMPOO

Manufacturer—Neutra Chemical Co., Toronto.

Description—A combination of hexachlorophene and specially prepared crude coal tar in a neutral lauryl sulphate base.

Indications—Seborrhea and other common causes of dandruff, for oily hair and scalp and whenever thorough cleansing of hair and scalp is indicated.

Administration—Use as regular shampoo.

PABALATE-HC

Manufacturer—A. H. Robins Co., Montreal.

Description—Each light blue tablet contains: Hydrocortisone 2.5 mg., potassium salicylate 0.3 Gm., potassium para-aminobenzoate 0.3 Gm., ascorbic acid 50.0 mg.

Indications—Rheumatoid arthritis and its variants; osteoarthritis, acute rheumatic fever, bursitis, fibrositis and neuritis.

Administration—Adults, usually 2 tablets 4 times daily. Children, according to age and ability to swallow tablets.

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Description—Contains per cc.: Pectin 12 mg., kaolin 215 mg., in a pleasantly flavored vehicle.

Indications—Indicated in diarrheas of various origin.

Administration—Adults — Two to four tablespoonfuls several times daily as required. Children — One or two teaspoonfuls according to age.

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The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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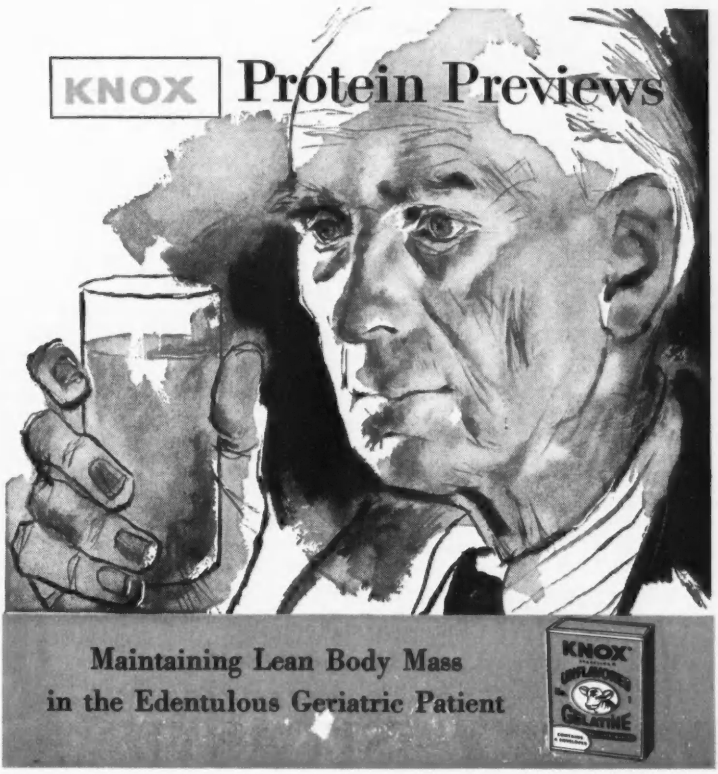

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 52 NUMBER 3

MONTREAL, MARCH, 1956

Forty Years of Pilgrimage

The Canadian Nurses' Association has announced the topic for the coming biennial meeting to be held in Winnipeg in June. "Nursing serves the nation" is the general theme around which the whole program has been constructed. But, broad as this subject is, it must submit to even further expansion: inevitably nursing service precipitates us into the allied question of nursing education, for it is well known that the service of any profession finds its level in the schools that prepare the workers. So we are now faced with the two seemingly separate, and yet completely interdependent, approaches to our field of professional work.

For the past twenty-five years there has been increasing effort to change the structure and pattern of nursing schools in order to give competent preparation for adequate nursing service to contemporary society. The concerted effort in this direction, in Canada, might be dated from the publication of the Weir Report in 1932. With what success? It would be quite wrong to discount real accomplishment, but equally wrong to ignore the increasing confusion as new patches are added to the old garment of nursing education. Now Canadian nurses are asking insistently for the explanation of this delay and are determined to overcome all obstacles and to pursue the matter, in season and out of season, until they see the fundamental recon-

E. KATHLEEN RUSSELL

struction that must come. Nursing as it was adapted to nineteenth century medical, hospital and social conditions is unable to serve the extraordinarily different conditions of the mid-twentieth century. Sighing for past glory — real or imaginary — is merely a waste of time.

Undoubtedly nursing education presents an extremely difficult task, inherently complex and dogged by reactionary influences. Unfortunately, it is being made even more difficult by the tendency to over-simplification of the whole question. It is not simple, and cannot be made simple, but it must be possible to outline the total objective and to prepare a blue print for constructive action. Note that we speak of the *total* objective. Piecemeal change may make matters worse than before and yield only diminishing returns. A simple illustration is found in the fact that the eight-hour day for nurses has left the hospital patient more isolated than ever. Certainly, a return to the old twelve-hour period of duty is neither desirable nor possible. A deeper search must be made for the answer to this and many other questions.

Editorial comment must of necessity be brief. It is only possible now to add that many problems present themselves in the pursuit of our total educational objective but perhaps three may be cited as indicative of the task that lies ahead. The first of the three has been suggested already, namely, the adjustment needed in hospitals in order to give nursing to the patient. With intent we ask tersely for nursing, not for "nursing care" or "nursing the patient as a person." These expressions can become so hackneyed that they tend to obscure thought or to serve as substitutes for thought.

The patient may be represented as a small island, one among many in the hospital sea. A fleet of nursing boats and auxiliary craft ply to and from the island throughout the twenty-four hours, carrying very necessary cargo of divers shapes and sizes; but no boat can pause long in its rapid voyaging so none really knows the island, though the passive island itself comes to recognize — more or less — a few of the craft that happen to call a bit more frequently than others. Is this a distorted description or merely a bit of exaggeration to give emphasis? If essentially true, the import of it all to the patient — and the doctor and the nurse — cannot be stressed too greatly. And could it be that the young student is learning thereby to expect not to know her patients — and this at the most impressionable stage of her clinical training?

A second task is to obtain acceptance throughout the nursing world for the fact that public health nursing is real nursing, just as truly as is hospital nursing. With this acceptance, preparation for health practice will be given more adequate attention from the beginning of the basic professional course.

Perhaps the final place in this selected trio should be given to the tremendous challenge of finding and preparing even a tiny company of directors of nursing schools, and of teaching staff, ready to lead their followers into the promised land even if it entails forty years of pilgrimage. For comfort, it might be considered that nearly twenty-five of those years have been checked off already!

KATHLEEN RUSSELL,
B.A., B. PAED., D.C.L.
Professor Emeritus,
University of Toronto

The following facts have been brought to light in a recent study of hospital morbidity in Ontario. The results are based mainly on hospitalization reports for 1951.

The men outnumbered the women in the incidence of such conditions as gastric ulcers, arteriosclerotic heart disease, displacement of intervertebral disc and alcoholism. The women showed a greater tendency towards diabetes mellitus, diseases of the thyroid gland, migraine headache and varicose veins. They are more likely to become anemic and outrank the men eight to one in developing bunions! Flat feet and hay fever affect both sexes with equal intensity.

— *Hospital Morbidity Study,*
Province of Ontario

* * *

The Canadian Red Cross Society will celebrate its 50th Anniversary in 1959.

The Social Sciences and Improvement of Patient Care

ESTHER LUCILE BROWN

THE TWENTIETH CENTURY, particularly the decade since the end of World War II, has seen a vast expansion of hospitals, outpatient clinics, health agencies, and bodies charged with planning for the health services in large parts of the Western world. The magnificent new University Hospital in Saskatoon takes its place among the proud guardians of what modern medical science and hospital construction and administration have been able to achieve. I speak, however, not of hospital buildings as such, of the achievements of the biological and physical sciences, nor of the practice of medicine in which I have no competence, but of patient care as it is provided within the hospital and as it is experienced by the patient.

For some 15 years now there has been increasing concern both by the staffs who provide that care and by the patients who experience it lest we be failing even to maintain standards comparable to those that existed prior to the past war. In techniques for diagnosing, treating, and preventing disease we have shown preeminent success. But what about relationships with patients, and the contribution of those relationships to the healing process? Let us take a brief look at patient care as it would probably appear to social scientists as well as to many members of the health services, who visited a succession of large general hospitals that had well-established reputations in diagnosis and treatment of disease and laboratory research.

1. Observation of floors or wards would reveal much movement, often hurried and sometimes confused, by staff of many different categories, including several new groups of assistant personnel. Almost everyone would be carrying out a procedure ordered by the appropriate person in the service with which he was associated. Even if he were a member of the regular ward staff and not from another department, however, he would rarely seem to be part of a *team* whose efforts had been closely coordinated in behalf of helping patients to manage the problems of illness, particularly psychological problems. Very infrequently would one see the members of the ward staff sitting down together at a conference table for regular and systematic discussion of the needs of individual patients and how those needs could best be met.

Patients report that they find the stream of personnel who do something *to* them or *for* them but rarely *with* them, extremely disconcerting and fatiguing. Instead of gaining psychological support they have a sense of vast aloneness, and often an increase of anxiety. When ward staff is asked whether group planning could not lead to reduction in the number of personnel serving a particular patient, and whether it is not possible for someone — physician or nurse — to sit down quietly with, and listen to, the patient for a few minutes each day, the questioner is promptly told that present deficits in ward care are the result of serious numerical shortages, particularly of nurses. That grave shortages exist in many geographical areas that have been rapidly expanding their medical and health services, as well as in practically all psychiatric hospitals, is factually correct, but to make these shortages bear so large a responsibility for inadequacies is to preclude examination of other essential factors.

2. The average general hospital is still organized to take care almost exclusively of patients who are in bed, although early ambulation has greatly reduced the nature of hospitalization.

Dr. Brown is on the executive staff of the Russell Sage Foundation, New York. She gave this paper as one in a series of addresses presented at the opening of The University Hospital, Saskatoon, Sask., last May. Several of these addresses are being published this month in *The Canadian Hospital.*

The social scientist is surprised at the absence of convenient lounges furnished with books, magazines, and games, and the absence of facilities for showing films, serving tea, or providing other social activities. From the lessons learned by psychiatric hospitals, pediatric and rehabilitation services, are we not to conclude that all ill patients need a social environment more nearly resembling that of the home and community which would give them some sense of contact with the outside world, some distraction from preoccupation with illness, and would perhaps reduce the demands for service made upon the ward staff? If there be a shortage of personnel, could a social setting not be created that would minimize this inadequacy somewhat, and would allow patients themselves to give more psychological help to other patients?

3. Although large numbers of persons are employed in doing something *to* or *for* the patient, examination of ward care reveals that systematic plans for teaching patients how to care for themselves after leaving the hospital, or facilities for the maximum rehabilitation possible while in hospital, are rare indeed. Many individual patients certainly receive excellent instruction from physician or nurse, and an increasing number of hospitals are concerned with problems of rehabilitation. But for numberless other patients responsibility appears to end when the acute phase of the illness is over. Everyone is so well acquainted with the serious consequences for the patient, in discomfort, anxiety, and often needless readmission to the hospital that no illustrations are necessary. The question is, why is it impossible to provide at least the essential guidance, even if rehabilitation cannot be supplied? The answer probably lies chiefly in the fact that there is no clear allocation of responsibility among personnel about who is to do the teaching, or insufficient supervision, if responsibility has been assigned, to guarantee that the teaching will be consistently performed. And the reason for failure to determine who shall assume the responsibility is rooted, in considerable part, in the inadequacy of communication that exists among the categories of staff concerned with patient care.

4. This last conclusion brings us immediately to one of the most serious problems in its consequences for patient care, but one of which physicians particularly seem so little aware that something must be said about it in greater detail. It is the distressing lack of communication between the two professions most directly and intimately in contact with the patient, namely, the doctor and the nurse. So incredible does this phenomenon appear to the social scientist when he first begins objective observation of hospitals, that one sociologist periodically stationed himself near the charge desk on various wards to count the number of exchanges — of no matter what nature — between these two groups of staff. His count showed that physicians spoke to physicians, even at the head nurse's station, *eight times* as frequently as they spoke to nurses. If this occurs in a fine voluntary hospital that prides itself on administrative competence, is it any wonder that a lay board member of another hospital characterized this social distance between the two groups as a "barren no-man's land"?

What are the consequences of such failure in communication for the patient? One brief illustration will have to suffice. In a particular hospital that I was visiting, it was suggested that I talk to the head nurse of a ward for veterans with long-term illness, so exceptionally competent and highly motivated was she in the care of chronic patients. In describing the various patients and the nursing problems presented, she came to the name of Mr. M.

"Last night he told the nurse," said she, "that he did not expect to live. We had no idea that he had anxiety about dying, particularly when his condition is so much better than that of other patients."

"And what has been done to relieve Mr. M. of anxiety?" I inquired.

"The night nurse reported it to me and I have reported it to the resident," was the reply.

"Do you know whether the resident has already had a talk with Mr. M.?" I queried. She did not know.

"Do you think he will talk with Mr. M. — and very soon?" She refused to hazard an opinion. When I inquired

what she considered her responsibility, knowing as she did that a patient was afraid he was going to die, she only said again that she had reported the matter promptly.

"But couldn't you ask the resident, with a smile, 'Did you remember to see Mr. M.?"

To this she answered, "You have been discussing with us in the hospital the value of ward staff meetings at which we could talk about the management of patients. If we are able to start such meetings, problems like that of Mr. M. can be taken up."

The only difficulty with the proposed solution was that such meetings would not be instituted for weeks at best, and Mr. M. was suffering anxiety. Here was a thoroughly experienced nurse whose interpersonal relations with patients, as I watched her, appeared so excellent that she could probably have allayed Mr. M.'s fears in short order. Yet she did not feel free to assume that responsibility or even to make certain that the resident physician had assumed it. We can only infer that the institutional system of the hospital, a subject to which we shall return soon, had produced this strange pattern of behavior.

5. Detailed observation of patient care and interviews with personnel lead to the conclusion that motivation is often inadequate and morale low among many members of ward staffs. So poor indeed does motivation frequently appear that we must ask whether the roots of the present problems do not lie here quite as much as in numerical shortages. In hospital after hospital that is favored with relatively large staffs, excellent equipment, and facilities of the traditional kind, administrators admit that if only the resources in personnel and equipment could be fully mobilized patient care would probably be greatly improved.

When members of the staff are interviewed by a social scientist in whom they have confidence, recurring opinions and emotions are expressed that perhaps explain the half-hearted interest. If these opinions are sorted and arranged according to their frequency, the interviewer is likely to discover that above everything else staffs want to be found fault with less when the fault lies really in the hospital system rather than in their own neglect or shortcomings. Generally in second place is the desire by the staff for recognition in the form of a word of praise or a smile when something has been done well. Relatively high on the list is the expression of need for stronger support from ward physicians or supervisory nurses in frustrating and anxiety-provoking situations. Parallel with the expression of need for support, however, is the desire to be consulted about patients' behavior or what could be done to improve ward conditions. Interestingly, higher pay and shorter working hours, that management often concludes are workers' chief interest, are likely to be well down the list — and that in spite of the low salary scale of hospitals generally.

What hospital employees who work most closely with patients want, therefore, is much like what most workers elsewhere want: the sense that what they are doing is important, and that it is recognized as such both by those higher in authority and by their own category of staff. They want that recognition to be demonstrated in positive terms not only of praise and of being asked for opinions concerning ward matters with which they are well acquainted, but they want to be given the feeling that they are part of a group therapeutic effort. In the failure of the hospital to supply these basic needs of its employees may lie an essential reason for patient care being so impersonal and hurried, and neglectful of other than technical procedures. Is it not possible that floor staffs have lived in a cold, sterile atmosphere that has chilled them to the bone until they in turn reflect that atmosphere in their stiff and starched relations with patients?

6. This question brings us to the last point in this array of observations. The social scientist notes research laboratories where productive efforts are being made to further diagnostic and therapeutic goals. But he rarely finds comparable research concerned with assessment of the quality of patient care, with development of techniques for increasing effectiveness of relations between staff members and between staff and patients, and with

evaluation of the results achieved. In a manuscript recently submitted to Russell Sage Foundation for publication, one of the authors has written the following paragraph about a hospital that for a decade has pioneered in studies of improvement of patient care.

> As late as 1943 there was little research that tended to increase self-awareness: understanding of the manner in which each individual in the hospital setting was functioning, how he was contributing to therapeutic goals, and how his contribution might be implemented further. Although a few things within the hospital system were well studied, the system itself escaped notice, and (social science) research was not an integral part of the system.

Research of the kind to which Dr. Milton Greenblatt refers has as yet been slight. What has been learned, however, from the application of concepts of behavior to the field of industrial management alone furnishes sufficient guide lines for initiating hospital research and experimentation. J. A. C. Brown, a British psychiatrist, has simply and clearly synthesized this knowledge in "The Social Psychology of Industry," published in 1954 by Penguin Books. Dr. Brown's discussion of morale and the impetus that causes men to want to work is almost as relevant for the hospital as the industrial plant. If the analysis made by social scientists who have studied institutional organization be applied to large complex hospitals, the cause for the frequent failure to supply the basic needs of employees becomes apparent.

That cause is the traditional and inflexible nature of the formal social structure of the hospital. Let us think of it for a moment as it would appear on an organizational chart. The chart would show parallel horizontal lines representing authority and status. At the top of the structure would be the board of trustees; at the bottom, so far as direct patient care is concerned, would be the aide or orderly. The chart also would show parallel vertical lines representing functions or services, such as the medical, social work, nursing, or physiotherapy service. At the top of each of these vertical lines would be the persons responsible for planning and administering the service; at the bottom, those responsible for carrying out orders at the point of immediate contact with patients. Within this organizational structure everyone would function within a relatively well-defined area, and those numerically very important groups at the bottom of the hierarchy, within closely circumscribed areas.

This limitation to functional movement either upward or outward is accentuated, moreover, by the fact that communication moves primarily only in one direction — from persons with more authority and higher status to those with less — and the communication is phrased largely as orders, pronouncements, and announcements. Few plans or even suggestions and pertinent information flow in the other direction, while reasonable requests for supplies or repairs often move so slowly and with such distortion along extended lines of communication that patients and floor staff conclude that "the hospital" is not interested.

The effect of the formal organization of the large hospital, thus analyzed, is obviously the opposite to what would be required were floor staffs to be given recognition, a feeling of importance, and a sense of contributing to a group therapeutic effort. The problem becomes, therefore, one of striving to discover how these two apparently irreconcilable sets of factors may be more nearly harmonized. Some hospital administrations have rather naively assumed that if increased praise and decreased blame of ward personnel would improve morale and efficiency, little more was required than a suggestion to those in positions of authority that they alter their behavior when on the wards. Unfortunately, behavior patterns are not likely to be changed, or remain changed, if the social organization continues inflexible and no attempt is made to re-evaluate and restructure the roles ascribed to the lower echelons of personnel.

Recently a few hospitals have experimented with altering relationships among staff by creating situations that foster less reliance upon authority and status and more upon coordinated group effort. The results have been promising enough to encourage these hospitals to attempt to discover how such situations can be expanded in

number and scope and made to contribute the maximum possible to breaking down harmful barriers.

Space permits illustrative reference to only one type of situation. The weekly or semi-weekly ward-staff conference has been selected because most persons have some acquaintance with it and it has proved potentially useful in improving patient care. Although it has been employed in many places for discussion of management of patients or altering ward conditions, it is capable of greater effectiveness and of serving more ends simultaneously than has generally been supposed. Success has frequently been limited because the resident physician did not attend, monopolized the discussion, or kept reverting to considerations of diagnosis and treatment; because only the morning shift was represented or aides and orderlies were not included. If a total staff be present and a permissive atmosphere cultivated, such meetings are capable of encouraging movement on several fronts concurrently. The discussion of patient care and ward conditions is extremely valuable in itself. But an opportunity has also been provided whereby anxieties can be expressed and support offered; frustrations and annoyances aired and often resolved; personnel who have never before uttered an opinion helped to participate and thereby to develop greater occupational competence; and the entire staff gradually woven into a closely coordinated team of workers.

In a project on improvement of patient care in large psychiatric hospitals that Russell Sage Foundation lately sponsored and the results of which will shortly be published, the ward psychiatrists for the selected experimental areas concluded that they could not raise the level of care appreciably unless the ward staffs were individually and collectively taken into full partnership. The ward-staff meeting was one of the chief instruments employed for creating and maintaining that partnership. I wish I could report in detail on the changes that were achieved in a few months. It is only possible to note that changes were of an order that made many visitors hesitant to believe that these were the same wards and the same staff they had seen prior to the beginning of the project. Motivation ran so high that the personnel vied with each other to see who could think of more or better ways to improve conditions; one physician, in particular, was subjected to great pressure to initiate further undertakings. Almost all staff reported to the social scientist who acted as observer that they were more interested in and satisfied with their work than they had ever been before. One supervisory nurse stated that in his 14 years of psychiatric nursing he had heard much talk of the team, but this was the first time he had ever seen it practised. Best of all, improvement of even long-time chronic patients was pronounced, and both patients and their families showed far more satisfaction with the hospital than formerly.

Fluoridation

The effect of fluoridation in reducing the rate of tooth decay has been graphically illustrated by the results of a 10-year experimental study in an Ontario town.

The purpose of the experiment was to determine whether the mechanical adjustment of the fluoride content of the water supply would reduce the rate of tooth decay to the lower level found in regions where drinking water contains fluoride naturally. The result was "a significant decrease, amounting to 60 per cent in the number of decayed, missing and filled teeth" suffered by school children of the area. It has been established that there is nothing to indicate that this practice is harmful to persons of any age. On the contrary it appears that introduction of fluoride is both harmless and beneficial.

The cost of water fluoridation in the experimental area, where the ratio was 1.2 parts to one million parts water, ranged between 12 and 17 cents per capita per year using sodium fluoride. The use of sodium silicofluoride in the future is expected to reduce the cost to about six cents per capita.

— *Ontario Department of Health*

The District Nurse Knows Better

MARGARET KIRK

Editor's Note: Miss Kirk is a New Zealander who completed her course in public health nursing at the University of Toronto School of Nursing then joined the staff of the Indian Health Service, being assigned to the Micmac Health Unit at Shubenacadie, N.S. The article below was written primarily to inform the nurses "down under" about the work she is doing in Canada. Hence, there are some descriptive passages that will present a familiar picture to Canadian nurses. But for the thousands who have had no experience in a rural health service, Miss Kirk's quick perception and sparkling sense of humor lighten the day *and night* responsibilities that are inevitable in such work.

* * *

I AM WRITING from an Indian Reservation in central Nova Scotia, that quiet little province clinging to the eastern seaboard of a vast continent. True, the visitor seeking the rustic simplicity described on his tourist pamphlet believes it peaceful. The district nurse knows better!

This is the largest of more than a dozen such areas set aside for the Micmac Indians, native Canadians of Nova Scotia, "to be neither bought nor sold, nor trodden by foot of white man without permission," although today the latter clause is modified. All around sprawl hills clothed in a forest of conifers, well mixed with eastern hardwoods, maple, birch and oak. In clearings, which have been given over to the wild blueberries, cluster the homes of the Micmacs, statistically a dying race but, with intermarriage, really suffering from white absorption. Some squares of green indicate potato patches, but the hard stony land does not respond well to cultivation, nor its masters to the thought of labor!

During the summer these families, from grandpa to the newborn, forsake their own patches and head for Maine where, at the height of the commercial potato and blueberry harvest, good money is to be had. However, the majority find it necessary to "hitch home," often spending a night unconcernedly in a county jail.

The fall (and what a sight are those blazing scarlet maples!) calls hunters to don regulation red caps and leave for the woods. Many Indians proudly wear the badge of licensed guides, and wait to conduct excited American businessmen to their first deer. Now with the first dusting of snow they are cutting and hauling Christmas trees out of the forest on homemade sleds; fir and prized blue spruce, which will give joy to city homes.

All winter they will watch traps, dreaming of large beaver and muskrat pelts, as they snowshoe hopefully over their traplines. Beaver is rare now, and the trapping season limited for their valuable pelts, but there is a bounty on the little sniffing nose of Mr. Muskrat.

Indoors, a cottage industry flourishes. While husbands split maple and birch saplings to unbelievable thinness, wives weave baskets of every shape, size and color. Others use the wood shavings to make exquisite flowers and sell them in the Halifax open market.

The Health Centre (for such my residence with clinic and dispensary attached is called) emerges sturdily above the surface of a hilltop.

Howling Atlantic gales bring rain and fog and, as the season progresses, sleet and blizzards whistle by all the way from Hudson Bay. It requires increasing strength to open a front door directly facing the west, and even more to shut it again.

In our community, pride of possession is a foreign expression. The Indian homes, little two-storied boxes of shingles and shakes, are barely furnished. As always some are spotless, many terribly overcrowded, and others uninhabitable yet inhabited. To you in a land of bungalows it must be explained that the square high house, however unbeautiful, heats better through a long winter, specially when cooking is on a wood stove also used for heating. Water is carried

from common wells. I try not to imagine the washing facilities, nor notice the consternation when nurse wants to wash her hands. However, as a teaching measure the ritual is carried out, in a grubby basin if necessary. Whether I end up any cleaner or not is beside the point.

For my sake interviews are held in English, though all family backchat continues in Micmac. Today, few can read and fewer write this language that the French Jesuit priests so patiently transcribed into Arabic symbols, with the first telling of the Gospel in Canada's history. The original Indian hieroglyphics are preserved in an old prayer book belonging to the parish priest, and with a little imagination they can be guessed at. The sign for marriage is a primitive but obvious double bed.

To describe the actual duties of a nurse in the Indian Health Service, only the word "generalized" would ever qualify. Newly postgraduated and fresh in the field of public health, I was bent on the education of my public, and they on the education of the nurse. Initiation included meeting the Government agent, who generally administers public affairs and finances within Indian territory, and afternoon tea with the chief. I asked about a plan of work. "We haven't any. You must make your own," they replied.

For the first few mornings I was beseiged with ailments of every description. After suturing some lacerations, writing an obesity diet for a 300-pound brave, and generally diagnosing and prescribing with the license of a family physician, I thankfully referred the doubtful cases to the doctor who called once a week. When everyone had satisfied his curiosity regarding the new nurse, callers slackened off, and the plan was able to organize itself.

In this area, where the weather conditions play a decisive part in one's program, much of the routine work must be fitted into the late spring and fall, as after the middle of November, no guarantee of arriving on schedule can be given. Some of the roads have a Burma-type surface — a giant washboard, camouflaged ditches, and every corner a right angle. It is, indeed, a far cry from the super highways of Ontario. I roar around the wilderness in a mud-spattered Pontiac, stones flying, dogs barking. I carry enough pills and potions for a mobile drug store, a large black bag labelled "general," and another labelled "maternity." Several times my trusty vehicle has allowed itself to get stuck, but we have always been rescued by a crowd of yelling little Redskins, crying "The nurse is in the ditch up to her fender," and regarding it as the event of the week.

Once, when bearing a supervisor from headquarters in Halifax along a narrow track, we found a rock submerged in a blackberry bush and smashed a door. A small boy, our only witness, said comfortingly, "Yo' sho' was going a pace, missus."

With headquarters at the largest settlement, the smaller communities, some of them 150 miles distant, look forward to regular visits from the nurse's car, bringing "needles," books, cod liver oil, cough mixture, headlice lotion and goodwill. The school children eagerly help to unload baby scales and the movie projector with collapsible screen. They are as awkward in a car as a pair of skis but our latest pieces of equipment so are held in deep respect. Incidentally, during the late fall months it is a wise measure always to carry a sleeping bag on journeys which involve a night away from home.

At one school, rather isolated from white contact, the beginners are learning their first English. When the nurse appears even the smallest rises and bows. The next move is from a boy who says, memory-style, "May I take your coat, ma'am?" and carries it reverently to the cupboard. Even if icicles were forming on my nose, to keep it on would be the end! Another brings a tin basin of warm water, and, under the wondering gaze of big brown eyes, I wash up with dignity. The pupils then display their arms, with precision and confidence, to receive their "boosters" of triple vaccine (diphtheria, pertussis, tetanus). There is only one room in which to do everything, yet the children give perfect cooperation. The older ones all can tell why these are necessary.

The fathers had to be rounded up to mend baby-carriages and carrying

baskets before the first few mothers toiled to baby clinic. Alas for the beautiful literature I had seen on display during our course! Not very suitable for showing a mother with two bottles and a black pot how to prepare formula! How often it is necessary to modify our preconceived ideas of hygiene to conform to local standards.

I remember a father who proudly presented a pickle jar containing the roundworm three feet long, which my pills caused to escape from his daughter. "Very good pills, miss; better than Indian medicine."

There was the time when everyone seemed to complain of sore eyes. It was baffling till I discovered the first T.V. set, standing gloriously alone in a home with little else visible. Each night as many as would fit sat on the bare floor till the end of the program, well after midnight — and were thoughtfully charged 25 cents by the owners!

Then came the x-ray survey, when crowds flocked round the portable generator and equipment set up in church, school, or home, but could not find the courage to try it. Some hid in attics and others fled to the woods. Tuberculosis among Indians and Eskimos, as with other native races, finds little resistance and is difficult to control, despite frequent surveys of everyone over six months old, and B.C.G. for the infants of parents who can be persuaded to give consent. All preventive measures, taken for granted in so many communities, must be fought for patiently and persuasively, yet when an Indian is sick there is no one with greater faith in a needle. Rather than encourage him, it is often more a matter of discouraging the prescription the Indian has set his heart on.

Indian days are measured from dawn till dark, and I have never seen so many unpunctual pupils at any school. "Off duty" means nothing either. However, when a person has walked two miles down an icy, pitch-dark road, it is difficult to refuse him no matter how trivial his complaint may be. The arrival of babies excepted, the most exciting things usually happen at night.

There was the early rising toddler who, with his puppy, ate two packets of chocolate laxative (about 20 times the dose). It was a minor disaster for the boy, but his dog was missing for days!

On the night of the first snowstorm this year a lone drunk man almost beat my door down. With all the Christian love I could muster I beamed "Come in" and he did, with a cloud of flakes, and his muddy snow-caked boots right on the mat. "Wife drinking," he muttered. "Threw pot of tea at my boy and ran away." I donned winter uniform (ski pants) over pajamas, and with chains rattling we slithered through 40 miles of slush taking a burned, scared nine-year-old to hospital.

After a beating a mother plodded up one night to say she was so discouraged she was going to leave her ten children. After pouring out her woes she was persuaded to return, so back we plodded to find husband snoring and the doors locked. Like common thieves we quietly pried open a window and I pushed her in.

Legislation forbids the sale of liquor to an Indian, so thrives "bootlegging," and home brewing with yeast cake from the grocery store, or aspirins saved up from nursing station distributions. All the misery and degradation associated with it follows.

Life in this manner, here pictured so briefly, is likely to continue seven days a week unless the nurse leaves. She did last Sunday and what happened? I was caught by one of those storms mentioned above so instead of being snowed *in* I was snowed *out* and spent the night with hospital friends (no sleeping bag) until such time as the roads were ploughed clear.

Why some human wounds fail to heal may be partially explained by the presence of mucoproteins which agglutinate the patient's own erythrocytes. This may cause "plugging" of the capillaries and produce an inflammatory condition of tissue cells. Although more extensive trials are necessary to confirm present findings, investigators have discovered that chlorophyll derivatives tend to counteract this condition. Chlorophyll derivative ointment used in the treatment of previously resistant varicose or decubitus ulcers has shown beneficial healing effects.

Psychiatric Nursing

ELIZABETH BREGG, B.Sc.

IT HAS ALWAYS seemed to me that the definition of terms, while of great importance in any interchange of ideas, can be a tedious and rather frustrating use of time. This is especially true when one is considering nursing because everyone has a definition of nursing. It is always a definition garnered from the individual's own experience, the experience of his friends, impressions of Sairy Gamp and Florence Nightingale and the disingenuous stories from Hollywood. It is always peculiarly his own and subject to all the bias and prejudice of his pattern of living. This makes many people quite ready to speak of and for nursing. There is no other discipline, unless perhaps it is psychology, with so many spokesmen, so many critics and so few really informed supporters. Nursing therefore becomes a complicated picture in the minds of our public. As soon as we add to the muddle the adjective "psychiatric" we are launched on a very rough trip indeed. Here we really come face to face with feelings, fears, suspicions, and a rather horrified fascination. Many in and out of medicine and nursing have the comforting idea that if we don't talk too much about it, it may go away. Sometimes the more anxious relieve their feelings by reflecting that while it is interesting, nurses and doctors who stay too long in psychiatry get a little queer too. In some way this relieves the discomfort.

Whatever the method of arrival employed, most people reach a definition of psychiatric nursing. This will most certainly be one best suited to their particular feelings in this area. Because of this, the majority must think of psychiatric nursing as the kind of nursing carried out in mental hospitals in the midst of hopelessness, disturbance, premeditated homicidal attacks, noise and confusion. They are upset to think of "nice" young girls exposed to these sights and sounds. These misconceptions and anxieties are revealed in countless ways — most obviously perhaps by the apathy which allows us to ignore fairly completely the thousands of our citizens who are confined to mental hospital. So, for many, psychiatric nursing is something carried out in mental hospitals. This is of the greatest concern to me and gives, I believe, a completely erroneous picture of the concept of nursing which is developing today.

A patient is always a member of a social system. Removing him to hospital does nothing to negate this. It complicates simply by the addition of a new pattern of living and feeling. It accentuates his interpersonal difficulties, creates new social problems and removes tried and trusted props. The most adequate of us responds to this strain with more or less anxiety, irritability or the pronounced use of other defence patterns. The nurse receives the full impact of this and responds. If she responds with perceptiveness, sensitivity and warmth to unspoken needs, she guides the patient towards physical and emotional comfort. She is also practicing psychiatric nursing which is the refinement and most skilled use of the interpersonal situation for growth and health.

Psychiatric nursing becomes, then, the skilled use of the nurse-patient relationship to aid the patient's recovery, to help him handle difficulties as they appear to him, to meet needs unmet in the past and to restore him emotionally and physically well to the community. There is no successful nurse practicing who does not in some way attempt this. Her degree of satisfaction depends on her ability to operate in this way. It is an essential if she is to gain satisfaction because, for an intelligent woman, the routine of physical care divorced from this wider area is not stimulating. Only to the very young novice in nursing can the making of a hospital bed give a glow of achievement that will last all day. It it in the attempt to under-

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stand the complex person in the bed and the equally complex person in the uniform that satisfaction, challenge and development occur.

Many of our student nurses in Ontario are now offered a 12-week experience in nursing the mentally ill. There are many rather confused reasons for this but basically, I think, it is a recognition of the interdependence of mind and body and the hope that somebody somewhere can teach this in 12 weeks. Some centres now complacently plan to do it in eight weeks — a completely unrealistic point of view since time as a maturation factor cannot be overlooked. Whatever the motives, psychiatric nursing has become a 12-week specialty and there it stays. A student nurse may reach this at the end of her first year of practice or at the end of her third year, or, due to force of circumstances, she may never reach it at all. This in spite of the fact that from her first hour on the ward she is dealing with emotional disturbance of greater or lesser degree in herself, her patients and her fellow workers.

I think there was a time when the lot of the nurse was simpler than it is today. She simply worked under direction. Her task was "to carry out" rather than "think through." To some this business of "carrying out" is still the highly desired characteristic of the nurse. There is much distrust of higher education for nurses especially if this education removes the student from the confines of the wards. In those situations where a nurse is still expected to "carry out" and not "question through" her task is simpler but the turnover of staff is enormous. When encouraged to think through, she becomes often a storm centre and the tides of resistance grow. Other things grow too — independence of thought, greater respect for the knowledge of others and a healthier climate for patients.

Now psychiatric nursing when it is locked in a mental hospital and custodially oriented, is as dead as nursing in a general hospital when shackled by blind routine and militaristic hierarchy. Nursing is a function — one of the functions of the health team. The operations of nursing are technical and interpersonal. Almost anyone of normal intelligence can learn most of the technical aspects of nursing but only a nurse specially educated to recognize and respond to the patient's need for help can go beyond the routine and supply relief or the means of future growth. And it is this going beyond that has come, in many instances, to be called quite erroneously psychiatric nursing. It is this misconception which restrains nursing from fulfilling its highest calling. What saves us from complete failure is the fact that the ranks of nursing are filled with women who have the vision and maturity to go the extra half-mile and to take the young nurse with them. Unfortunately, many who do this complete nursing have never thought through their methods or the reasons for their successes and failures. Therefore, they cannot teach it — the learner has to be exposed and catch it. Some people have a natural immunity.

If we accept the desirability of this complete nursing then we can use our experience and knowledge to put this so-called psychiatric nursing back where it belongs at the root of nursing. This does not mean that skill and knowledge in technical areas will ever decrease in importance. On the contrary, techniques will become of greater use and value, will be the exordium to a fuller relationship with the patient and a greater acceptance on his part of the help offered.

This leaves us still with the responsibility for hundreds of acutely ill psychotic and neurotic patients. What kind of nursing do they need? The answer is no different. They need the same perceptiveness, sensitivity and knowledge that is due any patient. The difference is in the degree of these qualities and in the stability and maturity of those nurses who choose to work with the mentally ill. It is not a new or different kind of nursing but rather a refinement of nursing where challenges are great and satisfaction tremendous.

We shall never achieve this kind of nursing as long as our emphasis is on techniques but we could come much closer were we to put what we now call psychiatric nursing out of the specialty area and back to the beginning of our nursing education programs. Then we could really use the

special 12 weeks for intensive development and growth for the student and the mentally ill patient.

This, it seems to me, is the real challenge of nursing as it is for medicine and hospital administration. Nothing will go smoothly until our teaching helps us to work with people — starting, if you like, from the patient and spreading out in all directions. It is a terribly difficult assignment because it always involves oneself and this, as most of us know, is a subject which, like psychiatric nursing, is fascinating but not quite healthy.

Fun on Trains

MARGARET STEED

ALL ABOARD! Is there anyone who has not thrilled to the exciting possibilities of those words? The shrill warning of the whistle as the train nears the crossing, the roar of wheels, the rush of escaping steam as the cars slide to a stop, the sense of adventure and anticipation hovering over the waiting passengers — all arouse an eager longing to climb on board and go — somewhere, anywhere.

As a child in a small railroad town, I used to watch the west-bound train as it pulled away from the station and picture where it went. I could see it nosing its way through the dense bushland of Northern Ontario, rocking round the curves of the beautiful north shore of Lake Superior, then, on across the prairies, golden with wheat, until the rolling foothills introduced the Rockies. Here my imagination failed me! I knew the Rockies were big — bigger than the "mountain" down which I slid on my toboggan in winter. I know now that they must be seen to appreciate their vast grandeur.

I had a dream. Someday *I* would be one of the lucky ones to whom the conductor would shout his invitation. Someday I, too, would see those wonderful, faraway places.

That dream became a reality when the CNA biennial convention was held in Banff. The click of the wheels on the rails became a song in my mind:

> Nurses, nurses I've been thinking
> What a dull world this would be
> If we never had conventions
> Taking us from sea to sea.

Miss Steed is an ardent travel enthusiast from Toronto Western Hospital.

The fun started as we met more excited, happy folk like ourselves scurrying through the crowded terminal. For many it was to be their first experience of living and sleeping on a train — an adventure in itself. Each coach had a captain who acted as hostess and human encyclopedia. The questions! Passenger lists were provided which smoothed out the scramble to find the friends you *knew* were there and surprised you with the names of some whom you had not expected.

Each day was packed to the brim with activity. Commercial well-wishers contributed fresh variety daily — a fragrant rose delighted each of us one morning. The larger gifts were used to prove conclusively that the gambling instinct is equally strong in both sexes. Every night one of our number gleamed with the luck of the Irish. In the evening the parlor car resounded with our enthusiastic singing.

And then there was the day of the hat-fashioning contest! It's amazing what one can do with a coat hanger, a powder puff, a cake carton, a jar of pickles or olives, soda crackers and countless other bits and bobs. They were not only wearable — some fashion-conscious souls modelled them at the next station stop — but were also, in some instances, edible.

The entire trip took on the atmosphere of a triumphal tour as we were met at one local stop by a bag-pipe band, serenaded at another, waved hello and good-bye at still others. It added that extra bit of zest to the general feeling of good will, good humor and adventure which pervaded the whole train.

And now another convention year is upon us. Our hardworking convention coordinator is already far advanced with her arrangements for you, planning your trip in the same excellent fashion as before. So make your reservations early, don't forget to bring your sense of humor and spirit of adventure and let's climb on board the Funland Special to Winnipeg.

ALL aboard!

THE NURSES' ROLE IN CIVIL DEFENCE

AN INSTITUTE ENTITLED "The Nurses' Role in Civil Disaster," the first of its kind to be held at the Saskatchewan Civil Defence School since its inception in 1951, was recently concluded.

This institute was sponsored under the joint auspices of the provincial civil defence organization and the S.R.N.A. It was held at Valley Centre, Fort Qu'Appelle, which is the training centre for civil defence activities. From the comments made by those attending the institute, it appeared to be generally agreed that the benefits derived from attendance at the institute greatly offset the lack of seasonable enjoyment. Many Saskatchewan nurses had previously enjoyed the privilege of attending the course on ABC warfare conducted by a team from Ottawa in December, 1951. Many others had been trained over the years at courses given locally. This was the first course conducted at the provincial level since 1951.

A real need had been felt for a refresher course for some and an indoctrination program for others. It was with this thought in mind that the program was planned. Nurses from various localities in the province were invited to attend. They represented schools of nursing, public health nursing and institutional nursing. The response was very gratifying.

There were 47 nurses enrolled for the complete course. The speakers included nurses who had recently attended the Civil Defence College, Arnprior. The material that they presented was practical and interesting as well as instructive. Miss Evelyn Pepper, Nursing Consultant of the Civil Defence Health Services, Department of National Health and Welfare, attended the institute and contributed vitally to the worth of the program. The success of this institute has provided a real incentive for further gatherings along similar lines.

Civil Defence School in Saskatchewan

NURSING EDUCATION

Nurses as Teachers of Science

ALMA E. REID, B.A.

The Story of How One Canadian University School of Nursing Commenced Something New and Different in Nursing Education

A SIGNIFICANT DEVELOPMENT in professional education of the past thirty-five years has been the place that nursing has found, or probably more accurately, is finding as one of the professional disciplines in Canadian universities. The early beginnings and subsequent course of this development in each of the universities across Canada would make an interesting study. For the most part it has varied according to the particular demands of nurses and nursing in the locality, the resources of the university (which means financial as well as other resources) and most of all, according to the philosophy of education and predilections of those who pioneered in and promoted the development. A study of this development in all its variations, while revealing much individuality and dissimilarity in the many programs, would likely show common characteristics and grounds from which might be deduced guiding principles for nursing education in universities. Here is the story of how one program, specially designed for professional preparation in nursing, was conceived and planned in one Canadian university.

It was from a conviction that the university school of nursing has a real responsibility to serve the demands and needs of nursing that the McMaster University School of Nursing decided to enter the field of post-basic nursing education. Since 1942 McMaster has conducted a program in basic nursing education, a program which, having emerged from the inevitable vicissitudes of all early developments, has now become well-established as a four-year degree course. Hence, the time seemed propitious to extend the offerings of the university to graduate nurses. Innumerable requests from graduate nurses concerning the posibility of study at McMaster made us increasingly aware of the university's responsibility to aid in furthering the betterment of nursing education in some way other than by a degree course in basic nursing. The interest of the W. K. Kellogg Foundation in giving financial assistance for the initial period of an approved project served also to make us think more seriously on the question.

In considering the type of contribution which the University might make to nursing, several questions came to mind, questions which needed to be answered before conclusions necessary for the formulation of specific plans could be made:

(1) In Canada today, what particular field or fields of nursing education are being neglected, or, are at least poorly provided for either through university programs or other means? From the outset it was agreed that if our objective truly was to assist post-basic nursing education, then we should not duplicate

Miss Reid is the director of the School of Nursing of McMaster University, Hamilton, Ont.

courses which neighboring universities are already offering, since at the present time these courses are not over-enrolled. At the same time, it was essential to ascertain in some way that there would be sufficient numbers of graduate nurses in Canada interested in the type of preparation offered, in order to warrant our university setting up such a course. The blessing and support of the organized profession for whatever was undertaken must also be assured.

(2) Has McMaster University adequate and satisfactory facilities, including personnel, to undertake this work and has the project full understanding and acceptance in the various administrative and academic bodies of the university, were vital questions.

For obvious practical reasons it was necessary to settle upon some field of nursing education before commencing any inquiry which would enable us to explore the aforementioned questions satisfactorily. Preparation for the teaching of basic sciences in nursing was the field upon which we chose to centre our attention. Our reasons for making this choice can be attributed partly to our knowledge of the existing weaknesses in science instruction in schools of nursing which we believed was due, in some measure, to the inadequacies of those giving the instruction, partly to our awareness of the tendency for Canadian nurses interested in this field to enrol in courses in the universities of the United States where special science preparation in nursing could be secured, and partly to our own experience in and facilities for teaching basic sciences in nursing at McMaster.

Along with our exploratory study went course planning, for in the process of soliciting opinions and ideas on the present situation and need in science teaching, it was natural that we could also secure some help towards formulating a course of study. Both processes involved much time, to say nothing of effort. The whole story might make rather tedious reading, if related in all its ramifications. For us it was fascinating and interesting, even though long drawn out and discouraging at times.

Suffice to say, the preliminary investigations and plans were carried out in a variety of ways: discussing the matter with leaders in nursing education in Ontario and with persons who are recognized authorities in this field in selected centres of the United States; soliciting opinion and data by means of questionnaires sent to 60 hospital schools of nursing in Ontario, 35 representative hospital schools throughout the other provinces of Canada, and 12 schools or departments of nursing in Canadian universities; sponsoring a workshop for graduate nurses on the topic "helping students use science in nursing"; conferring with the members of the executive of the Registered Nurses' Association of Ontario (two of whom were also members of the executive of the Canadian Nurses' Association), representatives from the Nursing Branch of the Ontario Department of Health, and with members of the administrative and academic councils of the university.

While complete unanimity of opinion on all points was not expected from the many individuals and organizations consulted, it was helpful and interesting that there was sufficient majority agreement on certain fundamental points to enable us to proceed with plans in a spirit of good confidence. The pertinent findings, elicited through the measures undertaken, might be briefly summarized.

There was fairly universal agreement that the teaching of basic sciences in schools of nursing presents problems, and that there is dissatisfaction with the results of the present methods and means of teaching these sciences. A conglomerate group of people is today teaching these subjects: nurses holding degrees of one kind or another, nurses holding special certificates for teaching, nurses without special qualifications, doctors, high school teachers, pharmacists, dietitians.

Most schools said that they were not in a position to purchase science teaching for their students from a university, college or high school, and many of those who are now purchasing some of this teaching, or have done so in the past, expressed dissatisfaction with it due to cost, loss of student time, inappropriate teaching, etc. Practically all schools, excepting those participating in the centralized program in Saskatchewan, employ one and

sometimes two so-called science instructors.

There seemed to be a definite preference for nurses as teachers of science as opposed to any other persons or arrangements, yet there was almost general agreement that a definite lack of well-prepared teachers of sciences in schools of nursing exists in Canada. The reasons for this were not sought, but we all know too well that they are not due entirely to a lack of available preparatory training for those wishing to enter this field. Economic and other security factors of employment, on top of a proper regard for the position of the science instructor, play an important part in this sombre situation.

As a solution to some of the problems of science teaching in Ontario, the idea of a central school for certain instruction, including science instruction, was considered. It was thought that this might be practicable in some regions but could not be recommended as a general solution to the problem, partly because of the geographical isolation of a goodly number of schools and partly because of the large student enrolment in about ten hospital schools for which good facilities have been set up.

The need for a specially designed course to prepare science instructors in Canada received strong support from a large majority of those consulted. One or two interesting questions were raised in opposition to the question of whether such a course were a prime need. What constitutes basic nursing science and what do students in nursing need in the way of science, were considered by one or two thoughtful persons to be more fundamental and pressing questions. In consideration of these undoubtedly pertinent and sound questions, we agreed that they were important queries and ones which we are still far from answering to the satisfaction of all. Yet could it not be through such a program as was proposed that such questions could be studied at least academically, and steps initiated for some experimental work in solving them? Without being unduly pessimistic, there seemed to be little hope in our present situation that such big questions could be even tackled, let alone solved.

As has been mentioned, help was also gained with respect to planning the course and its content. Early in our considerations, we saw the wisdom of planning a degree program, rather than one leading to a certificate. To establish a certificate program seemed to be, at best, only meeting the present emergency, and not encouraging or providing for an acceptable preparation for science teaching. The suggestion that the certificate might be the first step to a degree had merit, but the idea was abandoned as the difficulty of arranging a desirable sequence of studies made it impracticable, and pedagogically speaking unsound.

Whether the biological sciences should be studied as an integrated whole, rather than separately, was another interesting question. Here our decision was to study each science individually, for it was our belief that the person preparing to teach sciences should, first and foremost, possess a sound knowledge of the individual sciences, since, from this vantage, integration would be definitely safer and easier. Provision could be made for some assistance in the principles of integration in seminar discussions.

Probably the longest delayed deliberations occurred at the University, where the project received sympathetic and keen interest but *very* careful scrutiny. Universities tread cautiously on new ground these days! Ours explored it for about two years. Some of the delay, however, could be explained by the longseeming vacuum which occurs at a university between spring convocation and registration in the fall. This project came to the "powers that-be" just at the commencement of that period. Before presenting the plans to the Board and Senate of the University, the curriculum of the course had been framed. The final outcome of the Senate's consideration of the project was the appointment of a special committee to study the matter in detail and to make recommendations. This committee had as its chairman a professor of physics. Three other Senate members and the Director of the School of Nursing made up the committee. It worked hard through many long, interesting,

but difficult meetings. Differences of opinion and outlook had to be reconciled and compromises reached. Frequently, expert help from other faculty members was sought. The committee concerned itself chiefly with curriculum content, and at the outset agreed upon certain criteria as guideposts in the study:

> That the program should be at least the academic equivalent of the "Pass" B.A. degree;
>
> that subject content should centre on fundamental learning rather than applications;
>
> that, as far as possible, the curriculum should be planned around existing courses in the university;
>
> that non-science subjects and electives should form an important part of the curriculum;
>
> that, for self-evident reasons, the course should embrace as short a period as possible.

The curriculum recommended by the committee of the Senate was eventually presented to the curriculum policy committee of the University and approved. From here it came under fire at a full meeting of the faculty, where, after an interesting and memorable discussion, lasting about one hour, it was accepted with a few minor adjustments. Subsequently, the Board and Senate gave the course their endorsation, and we were away, at least, that is, so far as the University was concerned! The W. K. Kellogg Foundation, having waited patiently and interestedly throughout our investigations and deliberations, confirmed its willingness to accept the proposed project for their support over a maximum period of five years. The scramble which ensued in publicizing the course among interested nurses and in preparing for the commencement of the course, speaking mildly, resembled wedding haste! This phase of the development would be shared gladly with any interested persons, but does not seem to warrant telling here.

To conclude this story without telling you a bit about the course would be something like telling you how to make a cake, but saying nothing about what is in it or how it looks or tastes. Since we are rather proud or our "cake," and think it should "taste" good to nurses, we want the nurses across Canada to know something about it.

Entrants to the course must have complete senior matriculation standing including mathematics, physics and chemistry. This is essential because the studies of the course begin from this background. The course, as outlined, extends over a period of two academic years with additional requirements which may be taken in the intervening and following summer periods. If circumstances make it impossible for students to continue for two consecutive years, it is possible, if a degree is to be granted, to take the course over a longer period, provided the requirements are met within five years of the date of enrolment. Much of the liberal arts and other requirements of the course may be obtained in another approved university, and through transfer of official credits would be accepted by McMaster. Conceivably some might obtain these credits while in employment by enrolling in extension studies offered by a university. The provision of some flexibility in the course seemed desirable, especially as graduate nurses have already devoted three years to their professional preparation and are often confronted with problems of finance and personal responsibility.

The studies of the course include a combination of social, biological and physical sciences, humanities, nursing education, and theory and practice pertaining to the teaching of sciences in schools of nursing. The curriculum totals 107 units of credit as compared to the "Pass" B.A. degree requirement of 102 units. It is of interest to note the relative proportions of the main branches of study:

> Physical and biological sciences occupy 44 per cent of the total unit value of the course; liberal arts, including social sciences, 30 per cent, and professional studies the remaining 26 per cent. Ten units of credit are allowed for the basic course in nursing and make up a part of the 26 per cent of the curriculum devoted to professional studies. While the program is designed specially to prepare graduate nurses to teach basic sciences in schools of nursing, it also provides a good background of prepara-

tion for teaching in any field of nursing. General scientific principles and teaching methods are incorporated in the course.

One interesting and rather amusing sidelight occurred when the question of the degree to be conferred was being discussed in one of the academic councils of the University. The recommendation that came to this council was that the degree would be Bachelor of Education in Nursing (B. Ed.N.) and that the academic hood would be of certain colors and would be unlined, on the grounds that this was a secondary degree. Immediately the chairman of the special Senate committee rose to his feet and protested. In no uncertain terms, he gave facts which showed that the course merited no second-rate degree. He was ably supported by other members of the committee, and, as a result, the lining will be included in the hood!

This is the story, so far, of our venture into the field of post-basic nursing education, a venture that has been born of much cooperative planning and for which we are indebted to many people. We trust that in time it will prove, as other post-basic nursing courses in universities have already proven, of sound worth to professional nursing. We trust also that it strikes at the roots of some of the real problems in science teaching in schools of nursing. We have striven, in planning for it, to take cognizance of some of the fundamental demands of Canadian nursing both from the standpoint of general education and professional preparation. In other words, this course has been conceived from the needs and for the good of Canadian nurses.

An Orderly Training Program

MARY L. RICHMOND, B.N.

IN VIEW OF SOME PUBLISHED differences of opinion about the value of an orderly training program, and to help dispel what appears to be a negative or pessimistic attitude toward such a program, we would like to report what we feel was a very worthwhile undertaking in this field.

There is, basically, only one reason for establishing any training program within the hospital — better patient care. The other reasons — better utilization of personnel, clearer definition of duties, greater job satisfaction, increased loyalty, more tolerant interpersonal relations — all may be real and significant outcomes, but constitute justification of the time, effort and expense, only in so far as they contribute to better care of the patient.

That an orderly training program was needed in our hospital was indicated by: high rate of turnover of orderly staff; general low morale among the group; a lack of integration with the total nursing plan; a lack of uniformity of opinion among orderlies and nurses as to their rightful duties; and a rather general feeling among the orderlies that they were being "put-upon," and among the nurses that the orderlies did not always carry a fair share of the nursing load.

While these had constituted a need for action for some time, the immediate impetus to set up a training program came from an administrative interne, who, throughout the program, assisted with the planning and correlating. It was felt that any program of training in patient care should be intimately linked with the school of nursing, so the educational director and the nursing arts instructor were brought into the plan at its beginning. These, with the administrative interne, the charge orderly, and selected head nurses, constituted the planning committee.

Since before a training program is established one should "set objectives," initial discussions were held with the head nurses as to what the orderlies should be expected to do. These discussions revealed very widely diver-

Miss Richmond, who is educational director at Royal Jubilee Hospital, Victoria, is currently taking some further postgraduate study.

gent ideas as to the role of an orderly in the total nursing picture. Should he attend morning report? Should he carry trays and feed patients? Should he bathe patients and make beds? Should he do sterile dressings? Who should teach him? Is he responsible to the head nurse? Must he explain where he is going if he leaves the floor for another ward? Is his role on a men's ward comparable to that of an aide on a woman's ward?

Such discussion revealed our great need for a job description — at least an informal, if not a highly organized one.

After reasonable agreement on such points, an outline was prepared of the procedures that orderlies might be taught. These formed a core around which a series of classes in ethics, basic sciences, and nursing arts were planned. Throughout, emphasis was placed on the orderly's role as an essential part of the nursing team. As far as possible, the nurses' "nursing procedures" were taught, the same mimeographed outlines being used as for student nurses.

The classes in ethics were given by the medical administrator and the administrative assistant; those in basic sciences by doctors and the instructors from the school of nursing, and those in nursing arts by the senior nursing arts instructor. Provision was made for supervised practice, and for both practical and written examinations. The course covered 80 hours of instruction and supervised practice. Classes were held in the afternoons, so that they were in "on duty" time for the day staff, but in "off duty" time for the evening and night staff. The attendance record was good. Incentive was provided by giving a $5.00 monthly salary increase to those who completed the course.

At the completion of the course, certificates were presented at a luncheon attended by the orderlies, the director of nurses, the hospital administrator and his assistants.

The program has now been presented twice. In the first series, twelve men completed the course, in the second, four men. It is planned to repeat the course as necessitated by changes in the orderly staff.

We believe the orderly program has been worthwhile. The initial planning revealed the great need to interpret the role of all auxiliary personnel, not only to the individual himself, but to the head nurses and other members of the nursing staff. For the orderlies, the course seems to have resulted in: (a) better acceptance of supervision from nursing; (b) wider participation in patient care; (c) more careful technique; (d) improved nurse-orderly relationships, and (e) less turnover of staff.

We like our orderly training program. We hope to reconsider, revise, and re-present it.

Intolerant Mothers

A new theory of the basic cause of eclampsia has been proposed. According to the new concept, fetal hormones can and do pass through the placenta in increasing amounts during pregnancy. These hormones, particularly the fetal insulin and sex hormones, are not always welcomed by the mother. Her tolerance varies with the carbohydrate content of her diet. When the mother's tolerance reaches its limit a reaction occurs which shuts off the entry of the hormones by damaging the syncytium, the outermost layer of the placenta.

The damage to the syncytium impedes nutrition of the fetus and often kills it (fetal mortality in eclampsia averages 35%). The damaged syncytium also produces poisons. If pumped back into the maternal circulation by the fetal heartbeat or uterine contractions, they cause a toxic condition and precipitate eclampsia in the mother. Eclampsia is the most frequent cause of maternal deaths in many parts of the world.

— *Lancet*

* * *

Geriatric patients, underweight infants and children who suffer from poor appetites may be in need of more adequate supplies of lysine. Lysine is needed by the body for growth and tissue repair. Most infant foods, with the possible exception of meat products, fall short of the body requirements of this substance. The elderly person, too, may not be assimilating adequate amounts of lysine from his diet to supply body needs.

— *Lederle Laboratories*

NURSING SERVICE

Meconium Ileus

DORIS WRIGHT *and* JOYCE BULLOCK

TWIN BOYS WERE DELIVERED at the Royal Victoria Montreal Maternity Hospital on August 31, 1955. The first-born, Alex, was the larger, weighing approximately five pounds, while Bobby weighed just over three pounds. This was the fifth pregnancy for their mother and the birth was difficult for both babies. Alex's respirations were poor and he required resuscitation measures immediately following birth. Bobby was a breech presentation and he, too, showed respiratory distress and required oxygen upon delivery. Both babies remained in the case room for some time before they could be taken to the premature nursery and even then Alex's color was slightly cyanotic and he required frequent suctioning to remove a collection of thick, green mucus.

Bobby showed no apparent abnormalities upon physical examination following birth but approximately eight hours later his abdomen was distended and before his initial feeding at 4:00 p.m. of that day he had begun to vomit bile-colored liquid. Alex developed similar symptoms just a few hours later. Dark green fluid was aspirated from his stomach. He was unhappy, crying almost constantly and unable to retain his first feeding of glucose and saline although he was only given two ounces. Bobby did not retain his feeding either.

The following day neither babe showed any improvement — Alex's distention had, indeed, become worse. Ordinarily a newborn babe passes a meconium stool within 24 hours. Bobby passed a small amount of hardened meconium but Alex did not have any movement. A rectal examination was made on Alex and no evidence of meconium was found, suggesting a definite abnormality. As a result both babes had abdominal x-rays taken. The subsequent radiology report for Alex was as follows:

> The radiological characteristics of the intra-abdominal contents of this baby showed marked dilation of the proximal small bowel loops due presumably to a complete bowel obstruction somewhere in the proximal jejunum. The presence of calcium on the right side of the abdomen pretty well establishes this as an example of meconium peritonitis.

Bobby's x-ray gave the appearance of an "acute small bowel obstruction," possibly somewhere in the jejunum. The appearance of the remainder of the abdominal contents was, as in Alex's case, suggestive of meconium ileus. Surgical intervention was clearly indicated and both boys were transferred to the pediatric ward for preoperative preparation.

Everyone on the pediatric ward had been alerted and orientated regarding the coming of the twins and their subsequent care. The condition was unusual, the babes in a critical state and intelligent nursing care was a major necessity. Alex and Bobby were placed on special frames to immobilize their arms and legs and provide good abdominal exposure. Venous "cut-downs" were performed on both babes and 5% glucose and water administered. Alex went to the operating room at 4:00 p.m. on September 1 and Bobby followed at 6:45 p.m.

At operation Alex was found to have a large loop of greenish colored, completely necrotic, matted bowel.

Miss Wright is the clinical instructor and Miss Bullock, the head nurse, of the pediatric ward, Royal Victoria Hospital, Montreal.

There were numerous fleshy, vascular adhesions and a dilated proximal loop. The necrotic area was excised and the two lengths of small bowel were brought into position and sutured to the peritoneum. Catheters were placed in both loops and Alex returned to the ward in fairly good condition. Bobby was found to have jejunal atresia or narrowing with marked distention of the proximal loop of small intestine and reduction in size of the distal loop. In his case a jejunostomy was performed and catheters inserted into the proximal and distal ends of the jejunum. Bobby withstood the operation well and returned to the ward in very good condition.

Specimens of meconium were sent for analysis from both babes. Significantly, the report indicated an absence of trypsin in both instances and Bobby also had a very low amylase content. The secretion of the mucous glands of the body is thick and viscid. Digestive enzymes are required to liquefy and break down the secretion; otherwise a very thick meconium is produced which the baby cannot expel. This condition is known as *meconium ileus*.

Both babies had pancreatic juice and pepsin introduced into their proximal and distal catheters. Unfortunately, it was suspected that Alex and Bobby were suffering from fibrocystic disease of the pancreas as well — a congenital condition producing characteristic changes in the pancreas and lungs.

Postoperatively the babes were placed in separate humidicribs regulated at a temperature of 90° and humidity 60-70%. In this way they did not require clothing and, therefore, could be observed much more readily — especially as to the rate and character of respiration and color. They were specialled constantly by the student nurses. Continual intravenous therapy was maintained in both small patients — approximately 300 cc. of 5% glucose and water, 25-50 cc. of normal saline and 50 cc. of blood (alternating with plasma q. 2 d.) Oral breast milk feedings supplied by the twins' mother and the hospital Breast Milk Bank were started.

The nursing care was very exacting. The student specials had to observe their tiny charges carefully and frequently for abnormalities as to color or breathing. Frequent change of position was particularly important since fibrocystic disease is characterized by a tendency to develop pneumonia. Postoperative shock was another complication likely to develop and it was very important to detect the earliest possible symptoms. Pancreatic juice and pepsin were instilled into the proximal and distal catheters q. 2 h. The catheters had to be irrigated q. 4 h. with normal saline. Skin care, particularly around the area of incision where intestinal contents could have caused excoriation, had to be conscientiously carried out. A thick layer of aluminum paste proved most helpful and at no time did infection of the area develop.

The babes followed a demand feeding routine — they were fed whenever they cried. At first this was about every hour then the interval lengthened to every 2-3 hours. Because of their small size, one ounce premature feeding bottles with small soft nipples were used for the babies. The twins managed to retain 10-16 ounces a day. Once the incisions started to heal, the contents of the proximal loop were carefully collected, measured and instilled into the distal loop in both babies. This meant that they could now receive the full benefit of their feedings which, until then, had been largely draining from the proximal catheter. Accordingly it became very necessary that the nurses record accurately all rectal drainage. All intake — intravenous and oral — was noted with equal care. The intravenous injections were checked q. 15 m. and recorded q. 1 h. as to amount absorbed, rate of flow, etc.

Both Alex and Bobby showed encouraging progress for a number of days postoperatively. Bobby passed a moderately large amount of thick black meconium on the fifth day following mineral oil 2 cc. given rectally and through the distal catheter. Thereafter fairly normal meconium bowel movements were established. He developed diarrhea on two occasions but it was well controlled each time. Alex showed much less response to the use of mineral oil, tube irrigation and enemata. However, his abdomen did not become

distended again and he was passing small pieces of meconium per rectum.

On September 10, both Alex and Bobby developed rapid respirations. Alex was wheezing slightly and Bobby had diminished respirations over both bases. X-rays indicated bronchiolitis in the former, emphysema in the latter. Alex received streptomycin 25 mgm. t.i.d. and chloromycetin 100 mgm. t.i.d. while Bobby continued to receive chloromycetin 100 mgm. t.i.d. intramuscularly (ordered prophylactically earlier) and was also given erythromycin 30 mgm. Both babes received an aerosol mixture of alevaire 1 cc., aminophylline ½ cc. and water 3½ cc. instilled as a spray into their humidicribs q. 6 h. This helped to liquefy the viscid, tenacious sputum with which they were troubled.

On September 13, both boys underwent x-rays following barium. Alex later passed the barium in his stool and his condition was felt to be improving. Bobby's x-ray showed an essentially normal small bowel. On September 16 he had two normal yellow curdy bowel movements per rectum and the next day went back to the operating room for suture of the intestine and closure of the abdomen. This was not too successful although the two parts of the bowel were brought up to the skin and partially sutured.

Alex's condition unexpectedly deteriorated on September 15. His respirations again became rapid and shallow and the right lung was covered with râles. Streptomycin therapy was instituted. Electrolyte studies, formerly thought to be normal, now showed an imbalance.

	Normal	*Alex's report*
Chlorine	99-107	83.2 M/Eg.
Sodium	138-148	101.8 M/Eg.

At midnight of the same day his condition was critical. Calcium gluconate 5 cc. was added to the intravenous fluid to try to correct the calcium levels. Digitoxin 3/10 cc. was given since it was thought that the babe was in cardiac failure. The following day his condition continued to deteriorate slowly in spite of the use of digitoxin 3/10 cc. at 7:00 a.m., coramine ½ cc. at 10:35 a.m., aminophylline 5 cc. at 3:00 p.m. and a repeat injection of coramine ½ cc. at 5:00 p.m. Alex died at midnight on September 16.

On September 17, Bobby developed a stomatitis which required the discontinuance of erythromycin. Streptomycin 60 mgm. and procaine penicillin 150,000 units b.i.d. were started. The babe's mouth was treated locally with gentian violet 1% after feedings. Electrolyte studies were done occasionally and always showed a slightly decreased chloride, sodium, potassium and CO_2 volume. The little boy's condition was good. He was active, feeding well and having yellow and brown curdy stools. On September 25, at midnight, he suddenly became cyanotic with distressed respirations. His extremities were cold and he appeared to be in shock. On examination the doctor found Bobby's lungs clear and his airway patent. Artificial respiration and oxygen failed to help. Adrenal cortical extract 5 cc. administered intravenously at 1:15 a.m. produced no improvement nor did intracardiac adrenalin and he died shortly after.

The loss of the two babes was a source of sorrow to all who had been concerned with their care. Autopsy reports revealed that the prognosis for each little boy was very poor in spite of all medical or nursing care. These reports were as follows:

Alex

a) Fibrocystic disease of the pancreas
b) Jejunal stricture
c) Obstruction of small bowel
d) Dilatation and hypertrophy of small bowel
e) Ascites
f) Adhesions of mesentery
g) Acute bronchopneumonia
h) Hyperanemia and edema of lungs

Bobby

a) Fibrocystic disease of the pancreas
b) Stenosis of ileum
c) Fibrous adhesions of peritoneal cavity
d) Dilatation of jejunum
e) Abscess of abdominal wall adjacent to ileostomy
f) Atelectasis of lungs
g) Hemopericardium (4 cc.)

Last year the Canadian Red Cross Blood Transfusion Service provided free clinical Rh tests for 113,110 Canadian women.

La Société des Infirmières Visiteuses

RENÉE RIVARD

ORGANISME D'ORDRE PRIVÉ, la Société des Infirmières Visiteuses maintient un service d'infirmières licenciées, destiné à :

Visiter les malades à domicile.

Prodiguer à ces patients les soins nécessaires en rapport avec leur état et la prescription du médecin traitant.

Faire admettre le malade par la famille, s'il se trouve des rebelles aux situations dépassant l'ordinaire de la routine du foyer.

Faire l'éducation du malade, qu'il n'accapare personne inutilement.

Faire l'éducation des personnes devant s'occuper du malade en l'absence de l'infirmière.

Découvrir les problèmes sociaux s'il a lieu, et diriger le cas aux organisations spécialisées pour le règlement des différents problèmes.

Faire l'enseignement de l'hygiène dans les foyers, au point de vue mental, physique, alimentaire, en tenant compte du budget à disposer et du nombre de personnes à nourrir.

Faire le dépistage de certains malades laissés trop souvent à eux-mêmes, et pouvant être traités.

Puis, animé d'un grand esprit de foi et de charité, semer l'amour, le sourire, le réconfort, la miséricorde, la confiance ou la résignation dans ces foyers fréquemment dénués de toute vie intérieure, de principe, de morale.

FORMATION DE PERSONNEL

L'entrevue: Elle se fait sur rendez-vous, en deux temps.

a) Par la directrice: une formule simple d'application est immédiatement remplie par l'infirmière.

b) L'infirmière est présentée aux responsables des différents départments du Service.

Le triage: Au moment de retenir les services d'une nouvelle infirmière, une commission (formée des responsables des départments) étudie l'application de chaque sujet et fait un choix A, B, C, en tenant compte aussi d'une priorité, suivant la date d'application.

L'embauchage: L'infirmière choisie et qui accepte les conditions de travail, doit fournir les certificats d'usage, lesquels sont ensuite vérifiés. Notons ici, les conditions de travail de l'infirmière:

Heures de travail: 8½ hres a.m. à 5 hres p.m. Une heure et demie est allouée pour le dîner.

L'infirmière entre au local chaque soir à 4½ hres, pour compléter les rapports de sa journée.

La semaine de cinq jours de travail.

Des barêmes de vacances et jours de maladie augmentant avec les années de service.

Echelle de salaire modifiée avec les exigences du coût de la vie. Augmentation de salaire annuelle à date fixe.

Qualifications requises: Infirmière licenciée — au moins un an de pratique de sa profession. Beaucoup d'initiative, bon jugement, santé parfaite, franchise absolue, douée d'un grand esprit de foi et de charité.

L'entraînement: Etude de la politique de l'organisation; de la technique adaptée dans le service; des services sociaux existants dans la ville; des dossiers et fiches en usage dans le service. Puis, l'entraînement proprement dit chez les malades.

La spécialisation: Exigée pour les infirmières destinées à remplir des postes de commande.

L'évaluation du travail: Se fait après les trois premiers mois; puis, deux fois par année. Ainsi, l'infirmière désireuse d'arriver à mieux, d'améliorer sa personnalité, a la satisfaction, tout au moins, de sentir que les autorités de l'organisation pour laquelle elle donne la majeure partie de ses journées, prend connaissance de ses efforts et de ses succès dans l'accomplissement de sa tâche.

En terminant, je me permettrai d'ajouter que le choix des nouvelles infirmières devient un peu plus difficile. Les "bons sujets" se font plus rares.

Cette carrière, d'une féminité si intense, dont la femme a voulu faire

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Mlle Rivard est la directrice de cette Société à Montréal.

sienne, "puisqu'elle est fait pour le dévouement sensible" de dire le R. Père Legault, C.S.C., ne s'exemptera donc pas du tourbillon vaporeux de la vie actuelle?

L'infirmière ne doit pas s'y laisser prendre. L'orientation qu'elle a consenti à donner à sa vie, en vue d'une meilleure administration, doit l'inciter à améliorer constamment sa personnalité, comprendre davantage, développer et raffermir les principes de formation qu'on nous enseigne, mais que nous n'admettons réellement qu'au cours de nos années de pratique. L'amour et l'effort en seront les grandes solutions.

My Complaints

ANNE DALTON

I HAVE TWO COMPLAINTS to make and not only are they of importance but they involve a great number of people. The first is the expression on people's faces! You cannot expect too much of relatives, you can only talk to them and hope they will understand. But you should not have to tell doctors and nurses about their morbid leers. In the past few weeks, critically ill patients have been in my care and what exasperated me beyond words was the endless stream of nurses and orderlies slipping into the room to see the tragedy. It made me think of crowds gathering to see an accident on a street corner. No, they did not come to learn; they came to look! That was bad enough, but worse, not one of the onlookers ever smiled! They would come into the room, look very startled, and then, that expression which tells the patient he is doomed would slowly creep over their faces. Sometimes these insensitive people would shake their heads!

This leads to my second complaint. You would not believe this but I heard a staff doctor say in front of my patient "He is going to die." Mind you, the patient was in oxygen but to me that made no difference; he was conscious and watching us. Another doctor said "There is nothing we can do." I actually heard a nurse, with a pained expression on her face, say "He is on his way out now." This sort of thing is shocking! stupid! and unfeeling! Even if a patient is only semi-conscious, nurses and doctors should be cheerful and, in front of the patient, say only what they themselves would like to hear if they were ill.

I remember as a student nurse going to the Montreal Neurological Institute and seeing a nurse smiling and chattering away to a patient who had been unconscious for three months. I never knew her, but she has my deepest respect and admiration. God bless her!

Miss Dalton, who was in the 1954 graduating class of the Royal Victoria Hospital, Montreal, is engaged in private nursing in Toronto.

Les Infirmières des Salles d'Opération

LE 7 NOVEMBRE 1955 à 7:45 du soir avait lieu à l'Hôtel-Dieu de Montréal, une assemblée ayant pour but d'aider les infirmières qui travaillent dans les salles d'opération. Quatre-vingt-huit infirmières assistèrent à cette assemblée bilingue.

Mlle Flanagan et Mlle Merleau, Présidente, Association de la Province de Québec, ont souhaité succès et encouragèrent le groupe. Mlle Trottier, présidente de ce groupe a donné l'histoire de cette nouvelle organisation.

Le but principal de cette réunion était l'élection des officières de ce groupe. Présidente, Soeur Louis d'Anjou, Hôpital du Sacré-Coeur, Cartierville; vice-présidente, Mlle M. Warnock, Hôpital Royal Victoria; secrétaire, Mlle C. Brault, Hôpital Notre-

(Jacques Doyon)

Operating Room Supervisors

Dame; trésorière, Soeur Michaud, Hôpital Hôtel-Dieu; relations extérieures, Mlle V. Crouse, The Montreal General Hospital; conseillières, Mlle Ena O'Hare, St. Mary's Hospital, Soeur Thérèse, Hôpital Hôtel-Dieu, Mlle Lefebvre, Hôpital St-Luc.

Beaucoup de questions concernant les problèmes des salles d'opération ont été soumises au comité exécutif et seront discutées dans les prochaines assemblées.

Ce groupe a été organisé avec le désir de maintenir la plus grande compétence possible dans ce champ du nursing. Ainsi, ce sera un moyen efficace de discuter les problèmes des salles d'opération et enseigner aux infirmières qui se destinent à travailler dans ce champ les plus récentes découvertes et développments des salles d'opération.

VIVIAN CROUSE

Operating Room Nurses

A MEETING TO ORGANIZE the operating room nurses was held at the Hotel Dieu Hospital, Montreal, in November. This was a bilingual meeting with 88 persons in attendance.

The group was given a message of greeting and encouragement from Miss Merleau, President of the Association of Nurses for the Province of Quebec, and from Miss Flanagan. Miss Trottier, president of the group, gave a report on the history of this organization.

The election of officers was the principal matter of business. They are: president, Sister Louis d'Anjou, Hôpital du Sacre Coeur, Cartierville; vice president, Miss M. Warnock, Royal Victoria Hospital; secretary, Miss C. Brault, Hôpital Notre Dame; treasurer, Sister Michaud, Hôpital Hotel Dieu; public relations, Miss V. Crouse, The Montreal General Hospital; counsellors, Miss Ena O'Hare, St. Mary's Hospital, Sister Therese, Hôpital Hotel Dieu and Miss Lefebvre, St. Luc's Hospital.

A number of questions, dealing with operating room problems, were submitted to the executive committee. These will be discussed at future meetings.

This group has been organized with the desire to maintain the highest level of proficiency in this phase of nursing. It is a means for discussing operating room problems. It brings before the operating room nurses the newest trends and developments in the operating room.

VIVIAN CROUSE

Convention Tour — For those who are planning to take the Hawaiian tour following the CNA biennial meeting in Winnipeg, a slight change in plans is announced. **You will leave Vancouver on Tuesday July 3, at 2 p.m. and arrive back in Vancouver at 7 a.m. on Saturday, July 14.**

Nursing Profiles

Florence Mary Roach, R.R.C., has been appointed dean of nursing education of the new department that has been established within the faculty of arts and science at Assumption College, Windsor, Ont.

A graduate of St. Michael's Hospital, Toronto, Miss Roach secured her certificate in teaching and administration in schools of nursing from the University of Toronto. After further study at Seton Hall University, South Orange, N.J., she was awarded a bachelor of science degree. Before joining the nursing service of the Royal Canadian Navy, Miss Roach had taught in Hamilton and at St. Boniface. Following her discharge from the services, where she had attained the rank of lieutenant-commander, she organized and administered a new hospital at Oakville, Ont. She then returned to St. Michael's where she qualified as a registered records librarian. Prior to her appointment to Assumption College, Miss Roach was in charge of the medical records department of the Wellesley Division of the Toronto General Hospital.

(Freelang, Toronto)

FLORENCE MARY ROACH

Dorothy Cox who, for the past eleven years, has been with the Department of Health of Prince Edward Island, has joined the World Health Organization for service in India. Her new work will be in the school of nursing at the J. J. Hospital in Bombay where she will help to integrate public health nursing into the basic curriculum and will take some part in the planning of field experience.

A Prince Edward Islander by birth, Miss Cox is a graduate of the Massachusetts General Hospital and of the course in public health nursing from the University of Toronto. Later, she obtained her degree in nursing from the McGill School for Graduate Nurses. She spent two years with the Nova Scotia Department of Health; then during World War II returned to P.E.I. where she organized the provincial venereal disease control program.

Miss Cox is a past-president of the Association of Nurses of Prince Edward Island.

DOROTHY COX

J. Frances Ferguson, who has served as the registrar-consultant and general supervisor of the School for Nursing Aides in Calgary since its inception in 1946, was chosen, under the Colombo plan, to set up a similar school in Ceylon.

A graduate of Royal Alexandra Hospital, Edmonton, Miss Ferguson took postgraduate work in pediatric nursing at Montreal Children's Hospital. She remained on the staff there until her enlistment with the Royal Canadian Army Medical Corps in 1942. She served in England, France, Belgium and Holland. She joined the Canadian Voca-

FRANCES FERGUSON

tional Training staff soon after her return from overseas.

Miss Ferguson gave splendid leadership to the Alberta Association of Registered Nurses during her two years as president. She has been very active, both nationally and provincially, in committee work chairing the Arrangements Committee for the 1954 CNA convention.

Christina Murray Macleod was honored recently by the Brandon Association of Graduate Nurses when a gift of money was presented to her as an expression of affection. In making the presentation the president of the local association said:

"This is evidence of our love and esteem for you, and to reassure you that we are aware that we have all benefitted greatly from having had the privilege of your direction. You have always held very high standards for the nursing profession before us. Ever since we learned of your accident we have wished to show you our love."

CHRISTINA M. MACLEOD

Miss Macleod, who retired from the post of director of nursing at the Brandon General Hospital in 1945, sustained serious injuries when she was knocked down by a car in Winnipeg in May, 1955. After a lengthy period of hospitalization she has made a remarkable recovery to the joy of her large circle of friends. Miss Macleod has always taken a very active interest in nursing affairs since she graduated from B.G.H. in 1908. We look forward to seeing her at the CNA convention in Winnipeg in June.

In Memoriam

Esthaol T. Bagshaw, who graduated from The Montreal General Hospital in 1913, died at Hawkestone, Ont., on November 24, 1955. Miss Bagshaw served overseas during World War I with No. 8 Canadian General Hospital. Following the war she was at the Special Hospital at Buxton for a year before returning to Canada. She served on the staff at Westminster Hospital, London, Ont., retiring in 1946.

* * *

Margaret Mary Burns, who graduated from St. Joseph's Hospital, London, Ont., in 1922, died at Sarnia, Ont., on December 24, 1955, at the age of 55. A graduate in public health nursing from the University of Western Ontario, Miss Burns was with the Lambton County Health Unit for 20 years.

* * *

May Elizabeth Fretz, who graduated from the Public General Hospital, Chatham, Ont., in 1927, died at Chatham on November 27, 1955.

* * *

Christine (Musselman) Harrison, who graduated from the Vancouver General Hospital in 1916, died at Edmonton on

December 9, 1955. Prior to her marriage in 1919, Mrs. Harrison was matron of Archer Memorial Hospital, Lamont, Alta.

* * *

Josephine F. Kilburn, who graduated from the Toronto General Hospital in 1916, died at Vancouver on December 23, 1955. She was 65. After graduation, Miss Kilburn joined the Ontario Department of Public Health for a few years, then went to Johns Hopkins University to study mental health work. Returning to Toronto, she headed Ontario's first mental health organization. In 1930 she moved to Vancouver and assisted in setting up the first child guidance centre there. She was head of the social work department at the Provincial Mental Hospital, Essondale, until her retirement five years ago.

* * *

Antoinette Morin died at Montreal on November 27, 1955. For many years Miss Morin was the district nurse in the Vassan area in the Province of Quebec.

* * *

Elva (MacKenzie) Rankine, who graduated from Victoria Public Hospital, Fredericton, N.B. in 1939, died on November 18, 1955, at Fredericton, following a prolonged illness. She was 39 years of age.

* * *

Elizabeth Mary Redmond, a graduate of the General Hospital, St. John's, Nfld., died on November 6, 1955. Miss Redmond was night supervisor at the General for many years.

* * *

Flora Mary (Phillips) Rice, a graduate of the Hospital for Sick Children, Toronto, died at North Bay, Ont., on December 4, 1955. For 25 years Mrs. Rice served as assistant superintendent at Muskoka Hospital, Gravenhurst, Ont.

* * *

Ethel G. Saunders, who graduated from St. Joseph's Hospital, Victoria, in 1906, died at Victoria on December 7, 1955. Miss Saunders went overseas with the C.A.M.C. during World War I, serving at Gallipoli and Salonika and later in France and England. She was appointed matron of the military hospital at Work Point barracks, Victoria, following her return to Canada, transferring later to the Winnipeg military establishment.

* * *

Rita Madeline (Leach) Scott, who graduated from the General Hospital, Regina, Sask., in 1931, died at Edmundston, N.B., on November 19, 1955, after a long illness. Mrs. Scott served in various centres in Canada with the R.C.A.F. during World War II.

* * *

Margaret Sivell died at Moose Jaw on November 26, 1955 at the age of 81. For nine years Miss Sivell practised nursing in and around Moose Jaw. In 1920 she joined the Travellers' Aid in Regina. Poor health forced her retirement from that work in 1947.

* * *

Clara (White) Willis, who served as an army nurse during World War I, died at Vernon, B.C., on December 12, 1955, at the age of 83.

The Mind changes the Stance

It has been said that practically everyone working in physical therapy is thoroughly dissatisfied with the present results in posture training. The reason is partly because the wrong things are taught and partly because the whole concept of posture training is wrong.

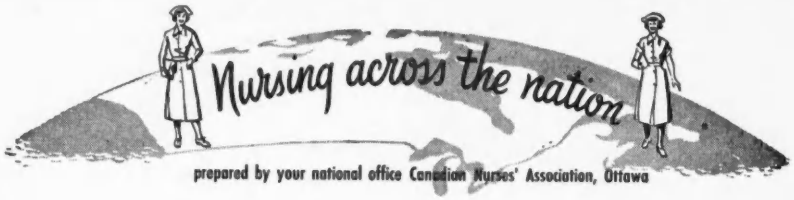
The basic point which is being overlooked in most remedial work is that it is behavior not structure which determines the mechanics of the body. A person's muscular tensions are a fundamental part of his defence against the world. Under tension, a person will rapidly revert to his old tension state and to the old posture associated with it. For example, the posture of submission to authority is slight cringing. Only through re-education of these behavioral attitudes can mechanical faults be altered.

— Lancet

* * *

A flange-type rubber stopper for bottles that permits autoclaving of fluids is a device created recently. The new stopper gives hospitals, that manufacture their own intravenous solutions, a simpler and more convenient bottle closure. Since the stopper can be re-used, the economy factor is another of its important features. Recent tests show no change in performance after frequent resterilization and the researchers feel that it can be re-used many times over.

— Fenwal Laboratories Inc.



To and Fro

APPLICATIONS FOR TEMPORARY salaried employment from 85 foreign nurses were received in National Office during 1955, as part of the International Council of Nurses' Exchange Program. Twenty Canadian nurses took advantage of this program in securing additional nursing experience abroad.

In addition, the Department of Immigration reports that for the first nine months of 1955, 906 nurses emigrated to Canada. Of these 625 were British, 58 German, 54 Dutch, and 51 from the United States.

To balance this, 849 professional nurses and 31 student nurses left Canada for the United States during the U.S. fiscal year ending June, 1954. Since 1946 an average of 737 Canadian nurses have emigrated to the U.S. yearly.

Nurses form the largest professional group emigrating to the U.S. from Canada while engineers are the second largest group.

A Visitor to National Office

One of the 85 nurses securing temporary employment in Canada, under the I.C.N. Exchange Program, visited National Office recently. She is Miss Lurline Walters.

A Jamaican nurse, Miss Walters was granted leave of absence to come to Canada to gain experience in the nursing care of patients with poliomyelitis. Her first six months were spent in the University of Alberta Hospital, Edmonton, where she rotated through various units providing experience most valuable to her. This was followed by observation and study in Toronto, Ottawa and Montreal.

Upon her return to Jamaica, Miss Walters will be employed at the Kingston General Hospital.

We should like to record here our appreciation to the provincial nurses' associations and to staffs of health agencies for their assistance in planning interesting and helpful experiences for our visitors from abroad.

Project in International Nursing

December marked the launching of a new project in international nursing, when a nurse from British Guiana began a year's intensive experience in Canadian hospitals.

As noted in our November column, Miss Joyce Owen, a ward sister at the Public Hospital, Georgestown, British Guiana, was awarded the Kitchener-Waterloo Rotary Scholarship. Upon her arrival at Malton Airport she was met by Miss Frances McQuarrie, C.N.A. Nursing Education secretary, and Mr. C. A. Pollock, chairman of the International Service Committee of the Kitchener-Waterloo Rotary Club. Experience in the field of psychiatric nursing will include periods of study in Kitchener, St. Thomas, Toronto, Montreal and Ottawa.

Yearbook of Modern Nursing

The first annual Yearbook of Modern Nursing is to be published by G. P. Putnam's Sons of New York this month. To quote from the purpose of the Yearbook, it will be designed:

1. To provide the medium in which progressive thinking is pooled.
2. To prepare annually, in book form, a resume of the advancement of nursing in all its aspects, especially as it pertains to improved practice. A broad range of topics is included in recognition of the newer patterns which are constantly emerging.

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Indicated in acute inflammatory conditions, particularly
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ocular inflammation (iritis, iridocyclitis, and chorioretinitis)
traumatic wounds
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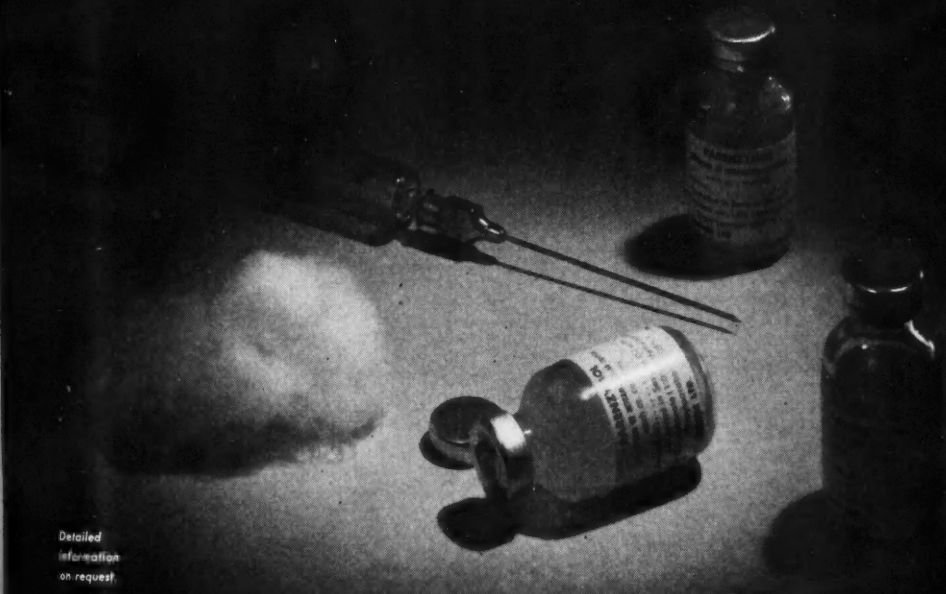

Detailed information on request.

FRANK W. HORNER LIMITED
MONTREAL CANADA

Interest in Canadian nursing is such that National Office was asked to submit a summary of developments of nursing in Canada during 1955. Others also asked to contribute to this publication are WHO, Pan-American Sanitary Bureau and the ICN.

Encyclopedia Canadiana

A new edition of the Encyclopedia Canadiana is now being prepared. The present edition was compiled in the 1930's. Once again the CNA has been asked to prepare an article on the Nursing Profession in Canada. This article, dealing with the early beginnings of our profession and reviewing the developments and achievements over the years, has been submitted. When published, the new edition will contain much up-to-date information on Canadian nursing.

Telling the R.N.A.O. Story

April 12, 13, and 14 the Registered Nurses' Association of Ontario will hold its annual meeting at the Royal York Hotel, Toronto. A panel on Public Relations will be held with the CNA's public relations counsel, Mr. John Fry, participating. The panel "Telling Our Story" will discuss general principles of public relations with their application to various nursing fields outlined by the other participants.

Le Nursing à travers le pays

Ca et Là!

Des demandes d'emplois temporaires et rémunérés furent reçues au Secrétariat national en 1955, d'infirmières bénéficiant du programme d'échange du Conseil International des Infirmières. Vingt infirmières canadiennes participeront également à ce programme et iront en Europe afin d'étendre leur expérience.

Le Ministère de l'Immigration rapporte qu'en 1955, au cours des neuf premiers mois de l'année, 906 infimières ont immigré au Canada : 625 venant de Grande-Bretagne, 58 d'Allemagne, 54 de Hollande et 51 des Etats-Unis. Dans le même temps, 849 infirmières canadiennes et 31 étudiantes-infirmières émigrèrent aux Etats-Unis. Depuis 1946, annuellement, 737 infirmières quittent le Canada pour les Etats-Unis.

Les infirmières forment le groupe le plus important émigrant aux Etats-Unis ; elles sont suivies de près par les ingénieurs.

Une visiteuse au Secrétariat National

Une infirmière, bénéficiant du programme d'échange du Conseil International des Infirmières, visitait récemment notre Bureau national ; il s'agit de Mlle L. Walters de la Jamaïque qui a obtenu un congé afin de venir au Canada acquérir quelqu'expérience dans le soin des enfants victimes de la polio.

Mlle Walters a passé les six premiers mois de son séjour au Canada dans les divers services de l'Hôpital de l'Université d'Alberta à Edmonton où elle acquis une expérience précieuse. Dans la suite elle a fait de courts séjours d'étude et d'observation à Toronto, Ottawa et à Montréal ; puisse-t-elle faire bénéficier son pays de l'expérience acquise dans le nôtre.

Projet en Nursing International

Un nouveau projet a été lancé en décembre lorsqu'une infirmière de la Guyane anglaise est arrivée au Canada afin d'y poursuivre des études intensives dans les hôpitaux canadiens.

Cette infirmière, Mlle Joyce Owen, une surveillante dans l'Hôpital Public de Georgetown, en Guyane anglaise, s'est vu décerner une bourse d'étude par le Club Rotary des villes de Kitchener et de Waterloo, Ont. A son arrivée elle fut accueillie à l'aéroport par Mlle Francis McQuarrie, secrétaire du Comité national de l'Education en Nursing ainsi que par M. C. A. Pollock, président du Comité International de Service du club déjà mentionné. Mlle Owen se propose d'étudier la psychiatrie à Kitchener, St-Thomas, Toronto, Montréal et Ottawa.

Revue sur le Nursing moderne

Un volume, revue de l'année sur le nursing moderne (Yearbook of Modern Nursing) vient d'être publié par la maison G. P. Putnam's Sons de New York. Le but que l'on se propose d'atteindre par cette publication est de :

1. Favoriser la mise en commun des idées de progrès et d'avancement.

2. Présenter dans une revue annuelle les progrès du nursing dans tous ses aspects et particulièrement dans le but d'en améliorer la pratique. Des sujets variés y sont traités pour

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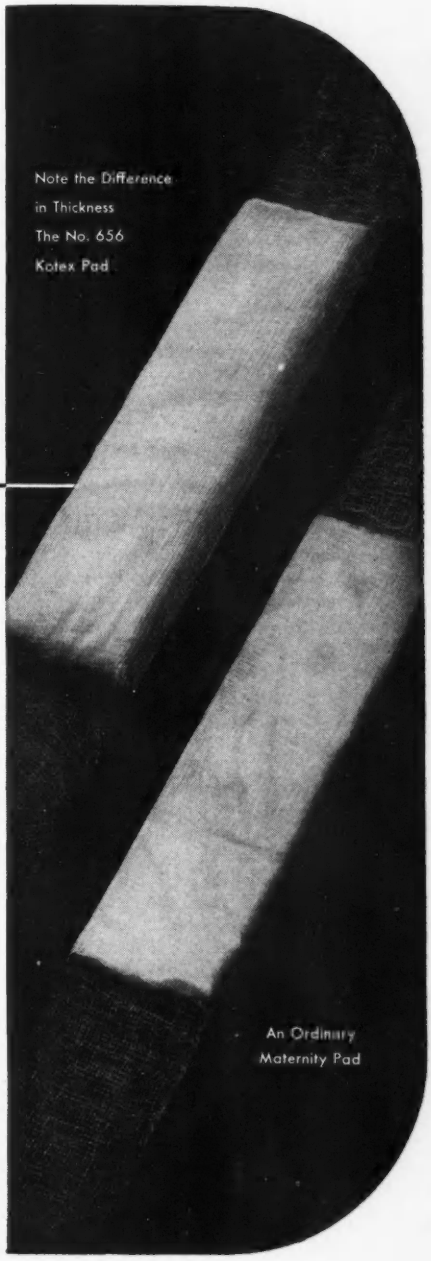

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démontrer les innovations qui se présentent sans cesse dans le domaine du nursing.

L'intérêt envers le nursing au Canada est tel que l'on a demandé au Secrétariat National d'écrire un article résumant les progrès du Nursing au Canada en 1955.

Encyclopedia Canadiana

Une nouvelle édition de l'Encyclopedia Canadiana est en voie de préparation. L'édition actuelle date de 1930. Une fois de plus, l'A.I.C. a été priée de préparer un article sur la profession d'infirmière au Canada. Cet article, traitant des débuts de notre profession et relatant les progrès accomplis d'année en année, a été soumis. Cette nouvelle édition contiendra donc des renseignements de toute dernière heure sur le nursing au Canada.

L'histoire de l'A.I.E.O.

Au cours de la semaine du 12 avril prochain, l'Association des Infirmières enregistrées de l'Ontario tiendra son assemblée annuelle à l'Hôtel Royal York, à Toronto. Un colloque sur les relations extérieures aura lieu avec le concours de M. John Fry, conseiller en relations extérieures de l'A.I.C. et aura pour sujet: "Racontons notre histoire"; on y discutera les principes généraux des relations extérieures et leurs applications dans les différents champs d'activité de l'infirmière.

Sélection

Quelques Nouvelles Tendances dans le Nursing en Hygiène Publique.

IL Y A PLUSIEURS ANNÉES, on considérait comme une perte de temps que de centrer nos efforts sur le contrôle des maladies chroniques. Maintenant, nous savons qu'il est possible de prévenir et de traiter nombre de ces conditions.

En tant que collaboratrices importantes dans les programmes pour la prévention des maladies, les infirmières hygiénistes des services de santé, des industries et des écoles ont contribué d'une manière unique à presque chaque phase du travail de santé de la communauté.

Durant les vingt dernières années, des changements dans le domaine de la médecine clinique et de la pratique du nursing se sont opérés les uns à la suite des autres, avec une rapidité grandissante. Les sulfamidés, les antibiotiques, la médication endocrinienne, "le syndrôme du Stress," les composés comme l'A.C.T.H. et la cortisone, plusieurs tests biochimiques nouveaux pour le diagnostic, le traitement et le contrôle des maladies, tout cela était inconnu il y a vingt ans.

Pour celles d'entre nous, de l'hygiène publique, qui avons eu notre expérience à l'hôpital il y a plus de dix ans, les développements survenus dans le nursing et la formation en nursing peuvent nous sembler bien différents et même intrigants. Le nursing d'hygiène publique fut également sujet à des changements de techniques et eut à subir des contraintes pour ces changements, comme le nursing en médecine clinique, quoique, peut-être à un degré moindre. Nous avons été sûrement moins conscientes du changement car nous avons vécu au jour le jour avec la marche des progrès. Considérons, cependant, quelques-unes de ces nouvelles tendances du nursing en hygiène publique qui se sont développées depuis les dernières années et qui semblent importantes à l'avenir de l'hygiène publique.

MALADIES CHRONIQUES

Il y a plus de vingt ans, alors que les maladies dévastatrices étaient les maladies contagieuses aiguës, personne ne croyait que le contrôle des maladies chroniques put occuper une place prépondérante, dans un programme de santé communautaire. L'impression était "que rien de plus ne pouvait être fait," pourquoi alors perdre du temps? Durant ces dernières années, nous avons constaté que plusieurs choses pouvaient être faites sans "perdre notre temps." Un dépistage dès le début est maintenant le facteur clef dans le contrôle de plusieurs maladies chroniques. Nous n'attendons plus que l'évolution soit avancée à un point tel que des symptômes alarmants ou des complications surgissent avant que le patient ne demande l'assistance médicale. Comme exemple: par l'éducation de la population au sujet des dangers du diabète et des groupes

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Préparé par L'Ecole des Infirmières hygiénistes de l'Université de Montréal.

Mattison, Berwyn F., *American Journal of Nursing*, août, 1954, p. 986.

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qui peuvent tout particulièrement en souffrir, par l'accès facile des services disponibles qu'offre la communauté pour un diagnostic précoce de la maladie, une attitude entièrement nouvelle est apparue.

L'infirmière hygiéniste, par sa part active dans les campagnes de dépistage des cas, par sa connaissance des types de diabète et encore plus, par sa fonction traditionnelle d'éducatrice du diabétique et de sa famille quant aux moyens à prendre pour vivre d'une manière satisfaisante avec cette maladie, a contribué grandement à la prévention, non de la maladie elle-même, mais des mortalités et des incapacités qui autrement auraient pu en résulter.

Avec l'accroissement de la longévité de la population et l'élimination des maladies aiguës qui habituellement causaient la mort à l'âge mûr, le cancer, comme le diabète, a pris une place de plus en plus importante dans les cadres de la santé. Ici aussi, l'une des approches les plus nouvelles est de se baser sur des enquêtes épidémiologiques. Une connaissance des formes de cancer les plus fréquentes, la possibilité de dépister les individus les plus prédisposés à souffrir des types de cancers malins, et l'opinion du public à ce sujet, tout cela contribue à la solution du problème.

Un autre exemple d'un procédé préventif, de grande envergure développé durant les dix dernières années, est le dépistage des tumeurs pulmonaires, des maladies du coeur aussi bien que de la tuberculose, par des radiographies en masse, des poumons, c'est-à-dire par des programmes organisés sur une haute échelle. Ici encore, il y a de nouvelles techniques qui supposent une interprétation différente et beaucoup de compréhension de la part de l'infirmière afin qu'elle puisse tenir les gens de sa localité au courant de ces développements.

Hygiène mentale

Cette sphère a pris une importance nouvelle dans les cadres du nursing en hygiène publique au cours des dernières années.

Tout comme le psychiâtre moderne qui dispose maintenant d'un ensemble de méthodes thérapeutiques efficaces dans le traitement des maladies mentales, de même le praticien d'hygiène publique a en mains de nouvelles armes pour la prévention de plusieurs troubles émotifs et des mésadaptations. Les modes "d'introduction de l'agent immunisateur" contre les troubles émotifs peuvent être: la consultation pour enfants sains, la consultation psychologue-parents-enfants, l'éducation sur les origines habituelles des troubles émotifs et des mésadaptations ou, tout simplement, le contact personnel et les discussions de l'infirmière visitant un domicile, un parent ou un enfant. Mais si ce sont là les modes d'application vous devez vous demander: qu'est-ce donc que l'agent immunisateur? En un mot, c'est la compréhension.

Comprendre pourquoi les gens réagissent de la façon dont ils le font; comprendre de quelle manière les divers comportements se développent durant l'enfance; comprendre comment, dans nos contacts avec les patients, nous réagissons envers eux et, ensuite, comment ces réactions peuvent affecter le patient.

Toutefois, comprendre les développements émotifs et les réactions n'est pas chose facile. Quelques-uns peuvent y parvenir naturellement; d'autre, avec de l'intérêt et de la sympathie peuvent y réussir; et d'autres, fort probablement n'y parviendront jamais. Mais dans le champ du nursing en hygiène publique, il est sûrement désirable, que nous nous efforcions d'y parvenir.

Chaque fois que nous avons une entrevue avec un patient, chaque fois que nous visitons un domicile, chaque fois que nous dirigeons une clinique, l'application de cette compréhension des réactions personnelles des individus ne fera que rehausser la valeur de toutes les autres choses que nous faisons.

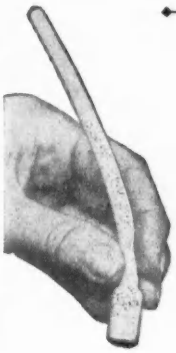
Et ceci ne s'applique pas seulement à l'enfant. Persuader un tuberculeux d'accepter l'hospitalisation, l'encourager à rester à l'hôpital même à la suite d'un séjour prolongé, inciter le patient atteint de poliomyélite à travailler fort afin de parvenir à redonner la vigueur à ses muscles, ou bien redonner l'espoir et le désir de vivre à la personne atteinte d'une maladie chronique sérieuse, dans tout cela nous avons besoin de comprendre les réactions personnelles des individus.

Peu importe si oui ou non nous désignons ce procédé sous le nom de "relations interpersonnelles," pourvu que nous employions ces techniques régulièrement chaque jour, de part et d'autre.

L'approbation des mesures par lesquelles nous pouvons établir un système déterminé pour classifier ces connaissances et les trois moyens de pouvoir les employer plus fréquemment, est l'un des nouveaux développements, mais non les méthodes proprement dites.

Défense Civile

Ceci est un champ d'action tout à fait nouveau, dans un programme de santé com-



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munautaire avec lequel le nursing en hygiène publique est déjà intimement lié.

La part du nursing dans tout programme de défense civile quel qu'il soit est naturellement une des plus importantes. Des cas sinistres semblables et différents de ceux que nous sommes habituées de traiter vont nous être présentés en nombre incroyable. A l'hôpital, l'improvisation d'installations médicales et le traitement de ces cas sinistres seront établis d'une manière orthodoxe. Mais tout le problème concernant le nombre et l'organisation d'installations médicales et l'entraînement du personnel de manière à ce qu'il soit présent et puisse collaborer au moment d'une urgence est un problème communautaire.

C'est l'un de ces problèmes communautaires que les infirmières hygiénistes ont très bien solutionné dans le passé. Cela ne diffère pas tellement des programmes communautaires organisés pour l'immunisation antidiphtérique ou les improvisations connues des infirmières des centres ruraux qui consistent à établir des cliniques à des endroits qui ne furent jamais destinés à une telle installation; c'est le même genre de problème dans l'éducation des groupes que l'infirmière hygiéniste a résolu au moyen de classes aux mères et à d'autres groupes. C'est maintenant une part de la responsabilité de la collectivité aussi bien que l'est le contrôle de la tuberculose et l'hygiène scolaire.

Il y a une participation spécifique de la part des infirmières hygiénistes lors d'un désastre civil. Dès les premiers instants, il est probable que leurs premières fonctions seraient d'appliquer les principes fondamentaux du nursing. Mais, plus tard, elles seraient appelées à établir des unités d'infirmeries dans les centres d'évacuation, à organiser des cliniques si une grande partie de la population devait être protégée contre la typhoïde ou le tétanos, et fournir des centres pour le soin des enfants afin d'éviter la perte inutile de centaines de bébés.

Education des Groupes

L'éducation des groupes est aussi un nouveau champ d'action dans le nursing en hygiène publique, du moins, en ce qui concerne l'évolution de ses applications. Avec l'accroissement de la population et les besoins grandissants de certains groupes spéciaux en matière de santé, et avec le territoire bien défini qu'a à desservir l'infirmière hygiéniste, l'éducation des groupes est de plus en plus employée. Certainement, que l'éducation de groupe n'est chose nouvelle pour les infirmières hygiénistes, mais il y a quelque chose de plus que l'éducation du groupe dans le progrès de ce processus.

Auparavant, une infirmière ou un médicin faisait une conférence devant un groupe de parents au sujet des problèmes de leur enfants ou encore, des conférences à un groupe d'adultes sur les risques de cancer, etc. Récemment on a démontré qu'en ce qui concerne particulièrement les maladies émotives, il est important de créer l'intérêt chez les participants afin de leur faire une part active au programme d'éducation de leur groupe. C'est un besoin pour les individus de discuter leurs problèmes, de parler de leur inquiétudes et d'entendre d'autres qui sont dans la même situation faire de la sorte.

Cette participation personnelle aide un individu à réaliser que ses problèmes et réactions ne diffèrent pas tellement des problèmes et des réactions de nombre de personnes qui sont dans la même situation. Et peut-être qu'une grande part du succès de la participation de l'individu à l'éducation d'un groupe vient du désir d'aider autrui: cela semble être le facteur principal qui ressort d'un tel procédé. Ceci et probablement nombre d'autres facteurs se greffent à une toute nouvelle technique pour les travailleurs en hygiène publique, celle-ci requérant un entrainement spécial mais pouvant produire des résultats incroyables si elle est employée d'une manière satisfaisante.

Quelques progrès récents

La nécessité pour l'infirmière scolaire ou industrielle de s'intéresser à la santé individuelle au foyer aussi bien qu'à l'école et à l'industrie n'a pas à être discutée de nouveau.

En corrélation, il existe une seconde tendance qui est certainement très bonne: c'est la coopération entre les hôpitaux et les services communautaires. Pendant trop d'années, l'infirmière en service à l'hôpital ne devait s'occuper que du patient lorsqu'il était hospitalisé. Depuis longtemps, on a accepté le principe que le patient devrait être considéré comme un individu, et son séjour à l'hôpital, simplement comme un incident survenu dans les cadres de sa vie habituelle. En maintes circonstances cependant, les infirmières n'étaient pas informées sur la manière de relier les problèmes du patient hospitalisé à ceux de son foyer; elles n'étaient pas au courant non plus des ressources communautaires qui peuvent aider à résoudre ces problèmes une fois retourné chez lui.

The Doctor's Office Nurse

Being "gal Friday" to a busy M.D. is enough to keep any girl on her toes. It's a tribute to nurses that they still find time to keep well informed on the many subjects pertinent to their profession.

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Maintenant que des infirmières hygiénistes coordonnatrices font partie du personnel du nursing de l'hôpital on veut que le personnel administratif ait de l'expérience dans les organisations de santé communautaires, cette fâcheuse conception de considérer le patient hospitalisé comme une personne à compartiments est près de sa fin. Beaucoup reste à faire, mais un commencement a été fait.

Une autre expérience intéressante pour plusieurs infirmières hygiénistes est "l'échange mondial" des idées sur la pratique du nursing, expérience rendue possible par l'échange d'infirmières venant d'autre pays. Ce programme a été secondé par l'Organisation Mondiale de la Santé, par le Conseil International des Infirmières, l'Association des Infirmières canadiennes et des organisations privées.

De cette manière, nous pouvons peut-être aider certains peuples moins privilégiés à améliorer leur santé par de meilleurs soins, et nous pouvons certainement apprendre de celles qui viennent de pays où certains services du nursing sont hautement développés. Mais le plus important pour nous est que nous y gagnons une nouvelle façon d'apprécier ces progrès que nous considérons comme octroyés. C'est seulement en entendant raconter de vive voix les conditions de santé des pays moins fortunés et le manque de facilités modernes pour les services médicaux et ceux du nursing en ces pays, que nous pouvons situer clairement notre contribution à la santé de la population de notre pays.

Alberta S.N.A.

The Student Nurses' Association of this province has developed a program of activities which should produce a group of well-informed young women. Their interests range through citizenship, professional duties and responsibilities, student recruitment and promotion of interest in professional organizations.

A film strip and booklet on nursing are currently being considered as projects in providing material for recruitment. A study of provincial association and C.N.A. objectives is contemplated. It is especially interesting to note that, in connection with this study, the possibility of dominion registration examinations is to be explored. In these days of extensive travel, Canadian nurses are constantly seeking information regarding registration and working conditions in other provinces and countries. The association plans to make such information available to its members through the efforts of its Graduate Nurse Activities committee.

The question of financial support, often a problem to nursing students, may be partially solved by a projected survey of the bursaries and scholarships presently available through governmental and other sources. An interest is also being taken in increasing the effectiveness and uniformity of student government. Professional duties and responsibilities are best discharged when the individual nurse has a proper perspective of herself as a citizen of a community. With that object in mind, students are being encouraged to get to know each other better on a provincial and national level. They are given the opportunity to participate in activities affecting the profession as a whole rather than just the individual school. The Inter-Hospital Relations Committee directs its efforts solely toward this goal. A newsletter committee has undertaken the responsibility of publishing three or four editions annually so that all students may be kept aware of developments in the various schools of nursing.

The association plans to hold its annual convention in May, 1956. The progress of this ambitious group should be an inspiration to similar organizations across Canada.

In many parts of the world, the most severe limitation upon improved medical care is the woefully inadequate numbers of trained doctors and nurses and the scarcity of facilities for high quality medical education. Although there are many fellowship opportunities . . . which can be used for medical training abroad and although many are studying abroad at their own expense, the number of doctors and nurses who can be trained outside their own countries is pitifully small in relation to the need. Good medical schools are needed . . . both to assist in training the medical personnel required and to bring the resources of scientific medicine specifically to bear upon the diseases and other health problems of the local environment.

— *The Rockefeller Foundation, Annual Report, 1954*

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Convention Personalities

Adelaide (Macdonald) Sinclair, O.B.E., who is executive assistant to the Deputy Minister of National Welfare, Department of National Health and Welfare, is very well known to hundreds of Canadian women who served with the Royal Canadian Navy during World War II. As director of the W.R.C.N.S., with the rank of captain, Mrs. Sinclair played a major role in the development and over-all supervision of this efficient service.

(Bradford Brachrach, Ottawa)

DR. ADELAIDE SINCLAIR

Following the organization of the United Nations, Mrs. Sinclair became the Canadian delegate to UNICEF, a post she still holds. She was chairman of UNICEF's program committee from 1948 to 1950 and chairman of the Executive Board in 1951 and 1952. She was delegate to the UNESCO meetings in 1947 and alternate delegate to the UN General Assembly in 1950.

Mrs. Sinclair's interest in the problems currently facing the nursing profession has a solid foundation in her long years of study and work in the field of social work and political science. In tribute to her leadership in these fields, two universities have awarded her honorary degrees. Her own alma mater, the University of Toronto, where she secured her M.A. in 1925, presented her with an honorary LL.D. in 1946. Six years later, Laval University at Quebec made Mrs. Sinclair an honorary Doctor of Social Science.

Another outstanding speaker during the convention this year will be **Margaret G. Arnstein,** chief of the Division of Nursing Resources of the United States Public Health Service. Graduating from Presbyterian Hospital, New York City, in 1928, Miss Arnstein turned immediately to public health nursing, the field wherein she has given such conspicuous leadership over the years. She secured her M.A. from Teachers College, adding later her M.P.H. from Johns Hopkins University. When she had completed the work for the latter degree, majoring in epidemiology, Miss Arnstein became communicable disease consultant in the New York State Department of Health. She moved on to become director of the program for public health nurses at the University of Minnesota. During the three years she was there she collaborated with Dr. Gaylord Anderson in writing a textbook entitled "Communicable Disease Control."

Miss Arnstein returned to New York City as district consultant of the State Health Department. In 1941, she was loaned to the U.S.P.H.S. to set up the first program of federal grants to schools of nursing — the precursor of the Cadet Nurse Corps program. She was also state nurse in the Office of Civil Defence at that time. Given leave of absence to join UNRRA, Miss Arnstein spent 15 months in the Middle

MARGARET G. ARNSTEIN

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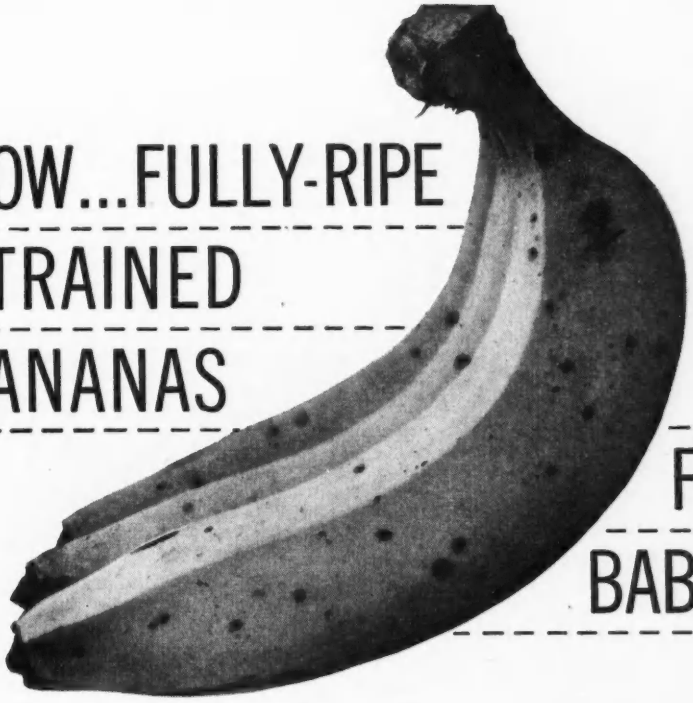

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East organizing refugee camps in Greece and Jugoslavia.

Entering the U.S. Public Health Service in 1946 as assistant to the chief of the Division of nursing, Miss Arnstein moved into her present position three years later. She was loaned to the World Health Organization for two months during the winter of 1950-51, during which time she prepared a manual entitled "Guide for National Studies of Nursing Resources." The purpose of this manual was to assist nations to study their own nursing services in their broadest aspects.

Book Reviews

Babies are Human Beings, by C. Anderson Aldrich, M.D. and Mary M. Aldrich. 122 pages. The Macmillan Co. of Canada Ltd., 70 Bond Street, Toronto 2, Ont. 2nd Ed. 1954. Price $2.95.

Reviewed by Miss Nancy Pearson, Infant Clinical Supervisor, Montreal Children's Hospital, Montreal.

Dr. and Mrs. Aldrich have for many years studied child growth and development and its implications for the better understanding care of children. The revised edition of "Babies are Human Beings" follows the same theme as the original book. It is even more fascinating, useful and practical. Dr. Aldrich has delved into the fields of medicine, physiology, psychology, philosophy and education in order to gain some insight into the phenomenon of growth and its importance in understanding the behavior of children. In the early years of childhood, mental and physical functions cannot be separated. To the degree to which the infant's early needs are considered rests his future ability to feel secure in a changing world.

In the early chapters the physical appearance and behavior of the newborn infant is described. All babies are different and variations in behavior call for individual management. Dr. Aldrich endeavors to interpret the reasons for such wide differences in each baby's feeding habits, sleeping patterns, elimination and social responses. Finally the effect of this early understanding on the older child are mentioned briefly because "to leave the infant high and dry at two years of age would ignore growth's ultimate purpose, the attainment of maturity."

"Babies are Human Beings" is written primarily for parents but nurses and all others dealing with infants and young children should find this book full of common sense and useful information. It will help to further their understanding of these young human beings.

Gynecology for Senior Students of Nursing, by John Cairney, D.Sc., F.R.A.C.S. 211 pages. N. M. Peryer Ltd., Christchurch, New Zealand. 1954.

Reviewed by Mrs. Jean Baker, Clinical Instructor, Western Hospital, Toronto, Ont.

The author states in the preface that his aim is to present a reasonably complete survey of modern gynecology with sufficient explanation to make it intelligible to the senior student or graduate nurse. At the same time he wished to restrict the volume to modest dimensions.

Since Dr. Cairney is in Australia, there is bound to be a diversity in the manner of treatment of certain conditions. For example, while he infers that the treatment of carcinoma of the uterus is open to controversy, he makes little reference to the possible value of irradiation. In the chapter on general postoperative treatment, some differences are striking. Ambulation is remarkably late when compared to our present practices. Treatment and nursing care of a patient following vaginal surgery is so general as to be almost valueless. The chapter "Carcinoma of the Reproductive Tract," proved quite disappointing. It appears to be an incomplete outline. Primary carcinoma of the ovary is omitted entirely.

Otherwise the material seems complete and lucid. The chapters appear in good sequence. His presentation is clear and forceful. The explanation of meanings and derivatives of names of organs and associated terms are particularly enjoyable. Dr. Cairney has dealt with each of them logically when the term first appears. Another feature of special interest is the chapter on "Pregnancy, Labor and the Puerperium." Its inclusion seems quite reasonable since many

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gynecologic disorders occur as a result of or in conjunction with pregnancy.

As methods of training differ from country to country, his book might be suited to the Australian student or graduate. That it would be of special value to our advanced students is doubtful. He has, however, succeeded in producing a more complete account of the subject than is usually found in textbooks of surgery for nurses. For this reason, this book would be of value in a general reference library for students and graduates.

Demonstrations of Operative Surgery, A Manual for General Practitioners, Medical Students and Nurses, by Hamilton Bailey, F.R.C.S., F.A.C.S. 387 pages. The Macmillan Company of Canada Ltd., 70 Bond Street, Toronto 2, Ont. 2nd Ed. 1954. Price $4.10.

Reviewed by Sister Paul of the Cross, Surgical Supervisor, Charlottetown Hospital, Charlottetown, P.E.I.

This second edition consists of artistically written and beautifully illustrated material. The work is divided into eleven sections. The first is entitled "General Principles" and deals with description of instruments and surgical equipment, their proper use, care and sterilization. The following ten sections, divided according to body systems, consist of description and illustration of more than 70 common operative procedures.

The descriptions are prefaced by very interesting clinical summaries which answer the question: " Why is this operation being done?" The descriptions are given in a "living narrative" which paints a very vivid mental picture of the various procedures carried out by the surgeon. These are reenforced by conveniently placed and clearly demonstrative illustrations in black and white as well as color where indicated. The most amazing feature of this work lies in the enormous amount of detail possible in such a comparatively small volume. Nothing is left in doubt regarding the reasons for doing even the simplest procedure.

One cannot fail to highly recommend this text for reading and repeated reference by general practitioners, medical students and nurses for whom it was so capably prepared.

The Birth of Industrial Nursing, by Irene H. Charley, S.R.N. 224 pages. The Macmillan Company of Canada Ltd., 70 Bond Street, Toronto, Ont. 1954. Price $1.80.

Reviewed by Miss Theresa Greville, Canada Packers Ltd., Winnipeg, Manitoba.

Here is a book primarily intended to be of use to those concerned with occupational health services. The book is replete with well documented information on the growth and expansion of nursing services to men and women on the job, particularly in England. Phillippa Flowerday is given the honor of being the first industrial nurse — according to the modern concept.

Nursing services in England are described: In the mines, in the civil service, in air transport, on British railways, in the hopfields and among the fisher girls, etc.

This book is international in outlook and information. It should prove to industrial nurses everywhere that their problems to obtain the best care for men and women at their place of work are common basic ones which have to be met with wide knowledge and understanding. Above all, a brand of courage and integrity not always demanded in other branches of nursing is required. It would be false optimism to assume that industrial nursing service has reached its Golden Age. Nurses everywhere have to keep up the services started under difficult conditions and improve and adapt their nursing skills to changing needs. This book should be an inspiration to all nurses.

Essentials of Pediatrics, by Philip C. Jeans, A.B., E. Howell Wright, B.S., and Florence G. Blake, M.A., 808 pages. J. B. Lippincott Co., 2083 Guy St., Montreal. 5th Ed. Price $4.75.

Reviewed by Jean A. Cummins, Head Nurse and Clinical Instructor, Holy Cross Hospital, Calgary, Alta.

The present co-authors have preserved the wisdom of the late Dr. Jean's long experience in the field of pediatrics while making the changes necessary to bring the contents up-to-date. Care has been taken to include all of the subject matter suggested in the curriculum for schools of nursing prepared by the National League of Nursing.

This new edition carries much new material on the psychologic development of the child from birth through adolescence. This is dealt with in Unit Two, under the headings of growth, development, care and guidance.

Unit Three discusses in detail the nurse-child and nurse-parent relationship. The authors have made an exceptionally good effort to view illness through the eyes of the child and his parents, that the nurse may better understand their reactions. A new chapter pertaining to fluid and drug

administration in a variety of common childhood illnesses has been included. Fluid balance and electrolyte therapy are clearly presented. Unit Four is confined to the disorders of the newborn. It is designed to help the nurse recognize the more significant factors with which she must concern herself. The more common conditions found in children are discussed under various body systems.

Unit Five deals with modern, up-to-date information on nutrition and nutritional diseases.

This fifth edition of a nursing classic maintains the high quality we have come to expect of this book. Its information is still sound, scientifically accurate and complete. Its thinking is adjusted to the changing concepts of pediatric care. It offers the graduate and student nurse a comprehensive coverage of the entire field of pediatric nursing.

Curriculum Study in Basic Nursing Education, by Ole Sand, Ph.D. 225 pages. G. P. Putnam's Sons, 2 West 45th St., New York City. 1955. Price $3.75.

Reviewed by Miss M. Jean Wilson, Asst. Professor, School of Nursing, University, of Toronto, Toronto, Ont.

A five year curriculum research project is being conducted at the University of Washington School of Nursing. The objective is to determine the kind of curriculum, and the length of time required to educate an effective professional nurse in terms of what is best for society. Dr. Sand, the director of the project, presents this report on the developments during the first year and a half.

The ten chapters present, in a well organized form, methodology, formulation of objectives, a philosophy and theory of learning, and selection of learning experiences in the clinical area. The relationship of general and professional education and the social and natural sciences with clinical nursing is discussed. A theory of evaluation and a description of how the faculty works together follows. Next steps to be taken are outlined.

The major purposes of the report "are to describe the tasks upon which one faculty is working, and how the faculty is working together to accomplish these tasks in the hope that other schools of nursing, both collegiate and hospital, may find suggestions for the study of their own curriculum." Instructors and administrators of nursing

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education will find the concise, step-by-step presentation of material and the detailed exhibits in the appendix of assistance toward this end. The reader will wish to see ensuing reports. It will be of great interest to follow the further developments in this five year research project.

Patterns of Patient Care, Some Studies of the Utilization of Nursing Service Personnel. 266 pages. The Macmillan Co. of Canada, Ltd., 70 Bond St., Toronto 2, Ont. 1955. Price $4.50.

Reviewed by Miss Ida Johnson, Director of Nursing, Royal Alexandra Hospital, Edmonton, Alta.

This is a very realistic presentation of the nursing needs — psychosocial and physical — of the patient and the supportive care that is given to meet these needs as they arise.

The data given on studies made to date in relation to patient care and nursing personnel is very informative. The chapter entitled "The Ward, The Patients and The Workers," serves as an introduction for the designing of the group pattern. The responsibilities of the professional nurse, the practical nurse, the nurse's aide and the ward clerk are indicated also.

Nine patterns of patient care are described and evaluated. These give a basis for the construction of a master staffing pattern. Tables showing the average number of minutes of nursing care required by medical and surgical patients plus the formula for obtaining the number of persons — professional and non-professional — required offers constructive assistance to those planning nursing service coverage.

The authors, in the chapter "The Way Ahead," give labor-saving devices and implications for the hospital administrator, the director of nursing service and the head nurse. The appendix contains valuable statistics obtained from the study of nursing activities, personnel policies and orientation programs.

In the words of the authors "This blueprint for patient care will require development of new patterns of nursing service." The material presented will be invaluable for planning patterns of patient care in the challenging and promising future.

In the Good Old Days

(*The Canadian Nurse* — March, 1916)

As the library in the nurses' home was meagre an arrangement was made with the city public library that the nurses' home would be a sub-station of the library. It was opened with 100 new books of fiction which are replaced each month with a fresh supply. This arrangement has made the library a mecca for tired student nurses.

* * *

Particular attention should be paid to providing suitable outdoor exercise for night nurses. They are apparently less inclined to make the effort than those on day shifts.

* * *

The papers for registration examinations in Manitoba and Nova Scotia are included in this issue. The questions reflect the differences in the demands made on nurses 40 years ago and today. How would you answer these questions?

"A person is found unconscious, to what may the condition be due?"

"How would you decide that a patient was pregnant about the fifth month?"

"What are the symptoms of typhoid hemorrhage? What is the result? What is the treatment?"

"Give full directions for making beef tea with exact reasons for each step."

* * *

The attack rate of typhoid fever among nurses has been calculated to be from eight to twenty times as great as among the civilians living in the same community. By the use of vaccine the typhoid rate can be reduced at least 75 per cent. Inoculation should be compulsory for every nurse in all general hospitals.

* * *

Myopia or short sight is rarely present at the beginning of school life but it gradually increases so that at the age of 16 almost half the children have some degree of myopia.

* * *

Until the last few years the general age requirement for admission to training was 23. It is a grave question whether the admission of young, immature girls of 18 or 19 to hospital wards and to the heavy phys-

ical demands and the overwhelming responsibilities and anxieties of such work as inevitably awaits them there by day or by night, should be considered.

* * *

A survey has shown that public health work is still in its infancy. A fifth of the communities make no provision for inspection of school children; over a fourth make no effort to educate in health matters; nearly three-fourths have no housing laws;- over six-sevenths have no program against the venereal diseases; over a half have no proper organization to combat infant mortality; and less than a quarter have a coherent program for the control of tuberculosis.

* * *

Care of hypodermic needles — Keep the needles in equal parts of almond oil and alcohol in wide-mouthed bottles.

ONTARIO

The following are staff changes in the Ontario Public Health Services:

Appointments — *Jean Thomson* (Toronto Western Hosp., Univ. of Toronto gen. course) to the Lambton Health Unit. *Jean McLaren* (Royal Vic. Hosp., McGill Univ. Montreal) to the Porcupine H.U. *Henriette Ducharme* (St. Luc Hosp., Montreal, Univ. of Montreal) to the Prescott and Russell H.U. *Jessie Renton* (Stobhill Hospital, Glasgow, Scotland, U. of T. gen. course) to the Sault Ste. Marie B.H. *Ruby (Irvine) Graham* (Toronto Gen. Hosp. and U. of T. gen. course) to the Scarborough Township B.H. *Winnifred Crockett* (Health Visitor and Queen's Institute of District Nursing) to the Toronto Dept. of P.H. *Lyla (Groat) Kendall* (T.G.H., U. of T. gen. course) to the Welland and District H.U.

Resignations — *Lois (Leeson) McConnell* from the Elgin-St. Thomas H.U. *June McKay* and *Florence (Sparling) Graham-Smith* from the Kent Co. H.U. *Ann Cowan* and *Catherine Murray* from the Lambton H.U. *Jean (Lloyd) Lorimer* and *Jean Sugg* from the Leeds and Grenville H.U. *Isabel (Taylor) Oliver* from the Middlesex Co. School Health Service. *Marilyn Bushnell, Violet (Sam) Joe, Beulah Mann* and *Gisele (Meloche) Mercantini* from the Ottawa B.H. *Mabel Bourne, Madeleine des Landes, Madonna (Hurtubise) Richer* from the Porcupine H.U. *Mary Harbic* and *Mary Sheller* from the Stormont, Dundas and Glengarry H.U.

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It's not the Alcohol, it's the Toothpick

COCKTAIL PARTIES are more dangerous than you think. Mix alcohol, an upper denture, canapes and club sandwiches and the chances are that a potentially lethal weapon will be swallowed before the evening is over. A New York physician describes the common wooden toothpick — so commonly used in canapes and cocktails and to hold a club sandwich together — as a dangerous missile.

Though the human digestive tract seems capable of dealing with almost anything — people can swallow toys, shoe buckles and whole dentures and nothing happens — a toothpick is a different matter. It is extraordinarily dangerous because besides being long and sharp at both ends, indigestible and unable to turn corners, it is also invisible to x-rays. Once swallowed it has a fairly good chance of impaling some part of the digestive tract on its way through. No one is able to diagnose the trouble until the patient is on the operating table. People with upper dentures should be especially careful since the denture covers the part of the mouth most apt to pick up the presence of foreign objects. Alcohol can also anesthetize the oral mucosa.

— New York State Journal of Medicine

* * *

Dramatic results are being achieved in the treatment of tension-produced pain through use of a new drug, Equanil. Tension headache, psychosomatic pain associated with gastric distress and other nervous disorders have all been successfully treated.

No evidence of habit formation nor drug tolerance has developed. An interesting feature is the lack of drowsiness the morning following the previous night's dosage. Long-time users have not required increased doses to gain effects but have even reduced the amounts. The drug has also been found useful in keeping alcoholics sober after withdrawal treatment and has much value in accomplishing withdrawal with a minimum of discomfort.

— Bureau of Industrial Service (Canada) Ltd.

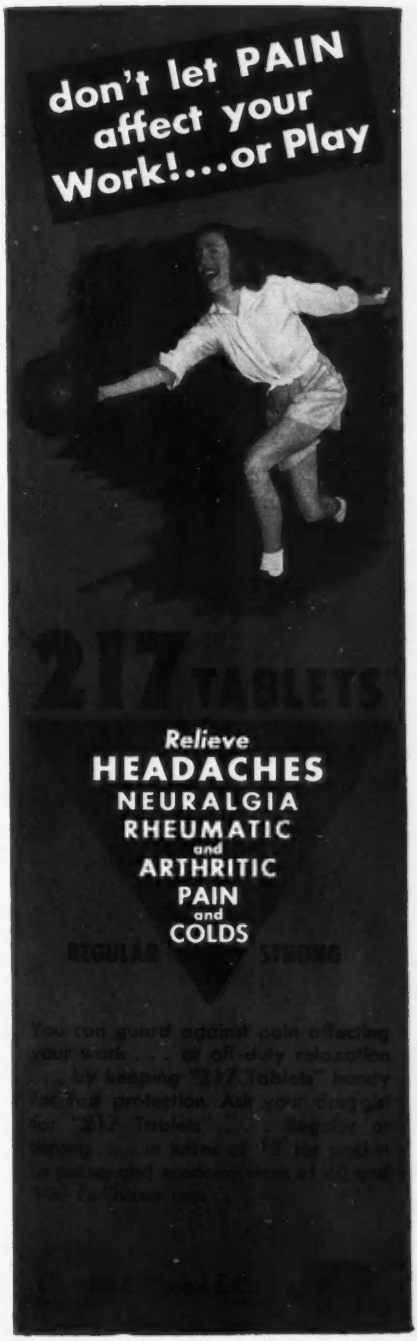
Fatigue Factor in Peptic Ulcers

FATIGUE MAY BE the key to a baffling aspect of one of man's commonest ailments, the peptic ulcer. Physicians have known for years that ulcers follow a seasonal pattern but they have never been able to decide on an exact reason. Now, a noted Scottish surgeon reports that there is a weekly, even a daily cycle in ulcer cases, and he believes the best explanation may be overwork.

Reporting in the *British Medical Journal* on a study made of more than 2,000,000 people, Dr. R. A. Jamieson, of the University of Glasgow, states that the pains and other symptoms of peptic ulcers increase on Friday and decline on Sunday. He also found that serious complications, such as internal bleeding and perforation of the walls of the stomach or duodenum, are more likely to occur late in the day when a person is tired than in the morning or during the night. Supporting the fatigue theory, Dr. Jamieson points out, is the fact that the highest incidence of perforation in western Scotland occurs in December when "many of the artisan class work overtime in the week or two before Christmas in order to earn extra wages to cover Christmas expenses." The lowest incidence, Dr. Jamieson notes, is during the month of July when Scots get more rest and recreation. The incidence begins to rise again in the fall and after the December peak maintains a fairly consistent level from January to July.

A slightly different pattern of seasonal incidence is reported by two U.S. doctors, R. S. Boles and M. P. Westerman, who made a five-year study in Philadelphia. They, too, found that ulcer incidence was lowest in the summer. However, they also report that incidence of stomach ulcers is highest from January to July while that of duodenal ulcers hits two peaks, one in March, the other in November. Most authorities agree that 85 per cent of all peptic ulcers are duodenal.

Fatigue also figures in a study made of English aircraft workers by Dr. J. A. Smiley. In a report of the Royal College of Physicians, Dr. Smiley pointed out that workers who have the most accidents "are far more liable to peptic ulceration than their fellows" and are absent more often for a variety of reasons including fatigue neurasthenia. However, Dr. Smiley inclines



to the belief that emotional stress is responsible for the fatigue as well as the ulcers and accident proneness.

Although fatigue, stress, emotional disturbances and bad diet may be involved in the development of an ulcer, the single direct culprit is hydrochloric acid. When this acid is present in excessive quantities, far greater that those required to digest food, it tends to attack the lining of the stomach or the duodenum. The resulting open sore is the ulcer.

Medical scientists have developed a number of approaches to cope with excessive quantities of hydrochloric acid in the digestive system. Surgery or so-called anticholinergic drugs may be employed to act on the nerves that stimulate its secretion. However, such measures may be too radical. The more rational and widely accepted approach is treatment with antacid drugs. While some of these antacids may do more harm than good by causing "acid rebound" i.e. only more acid production, others such as Gelusil, effectively control excess acid, through direct neutralization and absorption, within the natural limits of stomach acidity.

— Medical & Pharmaceutical Information Bureau, Inc.

* * *

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News Notes

ALBERTA

District 2

Ponoka

Officers elected for 1956 are as follows: Mrs. E. Coombes, president; Mrs. L. Clapp, vice-president; E. Cook, secretary-treasurer; Miss E. Baker, representative to *The Canadian Nurse*. Guest speakers at recent meetings have been D. Percy, Chief Nursing Consultant to the Dept. of National Health and Welfare and Dr. Hutton, University Hospital, Edmonton.

District 3

Banff

The question of the chapter name was discussed at the January meeting. In line with the work done in other areas, proposed

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revisions of bylaws were studied and suggestions made. The importance of obtaining compulsory registration was once more emphasized,

CALGARY

The third meeting of the year was held at the Associate Clinic in January with 27 members present. Plans for a Bursary Tea in February are under the direction of D. Pechiulis.

The guest speaker was Mrs. Selby-Walker. She gave an interesting comparison of the nursing profession with teaching, secretarial work, dietetics and library science. Her first experiences as a probationer brought back many memories to all present.

HIGH RIVER

The annual meeting of the chapter had an attendance of 14 with Mrs. Goodwin presiding. An invitation has been extended to the nurses of Turner Valley to join this chapter following the disbanding of their own organization.

The following slate of officers will serve for the year: Mrs. K. Irving, pres.; Mrs. K. White, vice-pres:; Mrs. J. Dougherty, sec.; R. Sarsons, treas.

DISTRICT 8

TABER

At the last meeting of the chapter a nominating committee was selected to draw up a slate of officers for the coming year. A resume of proposed bylaw revisions was given by Miss Jorgensen. Nursing aides attended as honored guests on this occasion and participated in the Christmas program that followed the business session.

BRITISH COLUMBIA

PENTICTON

The slate of officers for the coming year is as follows: Mrs. A. Mason, president; Mrs. E. Rainbow, past president; Mrs. G. Hatson and Mrs. I. Browne, vice-presidents; Mrs. B. Wethered and S. Marak, secretaries; K. Leask, treasurer. The annual Valentine dance is to be held on board S.S. *Sicamous*. M. Delaney is in charge of arrangements.

TRAIL

The following slate of officers has been elected for this year: Mrs. Ross, pres.; Mrs.

New Nursing Texts

DRUGS IN CURRENT USE, 1956

Edited by Walter Modell, Associate Professor, Clinical Pharmacology, Cornell University Medical College. An alphabetical listing of drugs in common use, giving the principal characteristics of each, major uses, absorption, actions, administration, dosage, antidotes against poisoning, etc., 1956. $2.25.

THE USE OF DRUGS

By Walter Modell, and Doris J. Place, Instructor in Medical Nursing, Cornell University—New York Hospital School of Nursing. A textbook of pharmacology and therapeutics for nurses. The *materia medica* section has been greatly enlarged. Second edition, 1955. $5.50.

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Wilson, 1st vice-pres.; Miss Caplette, corr. sec.; Mrs. Miller, rec. sec.; Mrs. Oxley, treas. The annual dinner meeting is to be held late in March at the Rossland High School.

Suggested new bylaws are to be studied by a committee under the leadership of Mrs. Morris, and presented to the members at a subsequent meeting. A report from the public health committee indicated that no further progress had been made in procuring polio vaccine. The appointment of Miss Oliver to the public health staff was announced. It was reported with regret that doctors' lectures had been discontinued due to poor attendance.

Following the business session, the film "Zinc Die Casting" was presented by Mr. Beinder of Cominco. He explained its connection with industry in Trail and provided the members with an excellent opportunity to see this facet of industrial life.

VANCOUVER

St. Paul's Hospital

The final report of the bazaar held late in December is a tale of both social and financial success. It is expected that there will be a clear profit of over $600. The January meeting was both interesting and original. Dr. Gladys Cunningham who has spent many years in China was the guest speaker. Her topic was "Medical Experiences in the Orient." In keeping with the theme, the refreshments consisted of Chinese delicacies as well as American dishes. Graduates of other hospitals, presently on staff, attended as guests.

S. P. Kolehmainen and I. M. Konrad were the recipients of the silver trophies and orchid corsages offered by the association to the outstanding member of each division of the graduating class.

MANITOBA

BRANDON

Salk polio vaccine — its safety and effectiveness — was discussed by Dr. James T. Lunn, director of public health, as guest speaker of the Graduate Nurses' Association. Statistics and verifying statements all point to the advisability of polio vaccination programs. One million Canadian children received the injections without a single mishap. The greatest degree of immunity was achieved by giving two injections a month apart and a third, seven to twelve months later. Future plans for Canada's vaccine program are already well-advanced under the direction of the Department of National Health and Welfare. Members of the nursing profession were urged to be as influential as possible in educating the public regarding the advantages of polio vaccination. The care in preparation exercised by the Connaught Laboratories, Toronto has ensured a safe supply of vaccine for Canadian users.

Prenatal lectures are being sponsored by

the Health Unit of the city. Interested persons are to apply to the unit at City Hall. Dr. G. Coghlin, acting medical director of the sanitorium, was guest speaker at a subsequent meeting. He showed slides pertaining to his work which were enjoyed by all.

WINNIPEG

General Hospital

The library in the new nurses' residence, which will shortly be completed, is to be furnished by the members of the alumnae association as their project for the coming year. Plans have been made for a permanent office for the association in the present residence and a part-time stenographer has been appointed.

Graduates from other schools presently on staff have been extended a guest membership. They were welcomed at the annual Christmas meeting. The following officers have been elected for the coming year: J. Whiteford, president; Mrs. G. Kent, first vice-pres.; E. Henderson, recording sec.; Mrs. G. Maclean, corresponding sec.; A. C. Foster, treas.

NEW BRUNSWICK

EDMUNDSTON

"S.O.S. — Same Old Service" was the very original topic chosen by Sr. St. Joseph as the theme of her address at a recent chapter meeting. She stressed the patient-nurse relationship and the necessary qualities of good nurses. M. Archibald, provincial secretary-registrar, also participated in the program. She gave detailed information in regard to the new type of registration cards. B. Seamen who extended greetings from the national office of the V.O.N. was an honored guest. C. Pichette reported on the annual meeting held in Moncton.

The December meeting took the form of a Christmas party. C. Pichette was the hostess on this occasion. Several members canvassed for and assisted with the Red Cross blood donor clinic.

ONTARIO

DISTRICT 1

CHATHAM

Public General Hospital

In December, a cheque for $1,092 was presented to Mr. Proctor Dick, chairman of the hospital board, as the final payment of the alumnae association's pledge to the building fund. The nurses of Chapter one, Blenheim, Ontario donated $600 towards the $5,000 pledge. The money has been used to completely furnish a case room in the new maternity wing. Officers elected for the year are: Mrs. G. Brisley, pres., Mrs. H. Reid, Miss Winnifred Fair, vice-pres.; M. Campbell, recording sec.; Mrs. G. Pritchard, corresponding sec.; Mrs. C. Wm. Case, treasurer.

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• REGISTRATION FEE is $15 which takes care of pin and certificate.

• Classes start **March 15th** and **Sept. 15th.** Ophthalmic nurses are in great demand for hospital eye departments, operating rooms, and ophthalmologists' offices.

For information write to

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street
Philadelphia 30, Penna.

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic, orthopedic, gynecologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

DISTRICT 2

WOODSTOCK

A general meeting held at the new St. Paul's church was attended by 115 members. Canon J. H. Geoghagan, rector, gave the invocation. Mayor Bernadette Smith brought greetings from civic authorities and Dr. H. Baker extended a welcome from the Ontario Medical Association.

The guest speaker, Miss A. Reid, president of the R.N.A.O., outlined the historical development of nursing education. She stressed the self-sacrifice and toil which had been necessary to achieve present goals and which would be required in making further progress. I. Lawson, public relations secretary with the R.N.A.O., outlined the new bylaws for the members. Plans were made to send a delegate from the district to the biennial convention in Winnipeg.

Tom Patterson of the Stratford Shakespearean Festival was the guest speaker following the dinner. He spoke especially of the contribution that the festival has already made to Canadian culture.

DISTRICT 5

TORONTO

Women's College Hospital

The annual meeting and election of officers was held early in January. Late in the same month a January Nite was held at the Royal York Hotel with a drawing for a hope chest as a special feature. A student loan fund has been established as an alumnae project and members are being asked to contribute towards this.

PRINCE EDWARD ISLAND

SUMMERSIDE

Prince County Hospital

Miss Mildred Slackford has been appointed supervisor of the Old Prince County Hospital. This unit has been opened for the accommodation and care of patients with chronic illness, and is a division of the present general hospital.

QUEBEC

SHERBROOKE

A regular meeting of the English chapter was held in the Norton residence of the hospital in December. The students joined the members in viewing two very interesting films following the business session.

Sherbrooke Hospital

The annual fall dance of the alumnae association was held at the New Sherbrooke Hotel in November with a good attendance.

In December a choir of forty graduates and students carrying lighted candles, sang Christmas carols for the patients and then gathered in Norton residence with friends for a Christmas party. Graduates of 1954 and 1955 presented a very fine television set for use in the residence.

A Christmas tea and sale sponsored by the Students Council helped to swell the funds needed to send three students to the biennial convention in Winnipeg this year. H. Parnell was a recent visitor to the hospital.

SASKATCHEWAN

Saskatoon

The annual chapter banquet was held in December. A delicate arrangement of yellow mums and tall tapers formed the centrepiece for the head table. The banquet room itself was illuminated only by soft candlelight.

Miss Edith Shepperd, Centralized Teaching Program, introduced Miss Hazel Keeler, professor of nursing at the University of Saskatchewan, as guest speaker. Her interesting comments and movie reels of her recent trip to Europe were enjoyed by all.

City Hospital

The student Nurses' Association with the graduate nursing staff held their annual Christmas party in mid-December in the Residence. During the evening Mr. and Mrs. J. E. Armstrong showed colored movie reels of recent events around the hospital, including graduation and capping. The highlight of the evening was the arrival of Santa Claus who presented gifts to many of those present.

Regina

In December of the past year Miss Myrtle Wilkins and Miss Lillian Lynch brought 27 years of service to a close with their retirement from the staff of the city health department. Miss Wilkins obtained her professional education at the Regina General Hospital. In 1928 she joined the immunization branch of the city health services. Miss Lynch is a graduate of the Winnipeg General Hospital. During the first World War she served in France and Belgium. In 1928 she, too, joined Regina's health staff serving first on the staff of the public school board before her transfer to the city health department.

In 1895, Charles D. Seeberger coined the word "escalator" to describe his moving stairway. The word was likely derived from the Latin word "scala" meaning ladder. In 1898 the first moving stairway was set up and when it was moved to France to be exhibited at the Paris Exhibition of 1900, it was labelled "escalator."

VICTORIAN ORDER OF NURSES FOR CANADA . . .

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for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

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Victorian Order of Nurses for Canada,
193 SPARKS STREET,
Ottawa 4, Ont.

TEST POOL EXAMINATIONS
FOR
REGISTRATION OF NURSES
IN
NOVA SCOTIA

To take place on May 16, 17 and 18, 1956 at Halifax, Yarmouth, Amherst, Sydney and Antigonish. Requests for application forms should be made at once and forms **MUST BE** returned to the Registered Nurses' Association of Nova Scotia by April 16, 1956, together with :—

(1) ***Diploma of School of Nursing***

(2) ***Fee of Ten Dollars ($10.00)***

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six (6) weeks of completion of the course of Nursing.

NANCY H. WATSON, R.N. REGISTRAR
THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA
301 BARRINGTON STREET, HALIFAX, N.S.

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  BASE SALARY — Begins at $260 per month, without experience. Experience qualifies for higher starting salary.

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  BONUSES — $40 for evening and $20 for night duty.

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  HOLIDAYS — 10 annually.

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  HEALTH SERVICE

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For further information write to:

DIRECTOR OF NURSING,
DEPARTMENT NS,
ROOSEVELT HOSPITAL
59th Street West,
New York City

EDUCATIONAL DIRECTOR

for

SCHOOL OF NURSING

Saint John General Hospital

DUTIES TO COMMENCE JULY 1, 1956.

Degree in nursing education with experience required.

New Educational Department opening in March, 1956.

Expected registration 200 students.

APPLY: DIRECTOR OF NURSING,
SAINT JOHN GENERAL HOSPITAL,
SAINT JOHN, N.B.

Know your China Better

The world is indebted to the Chinese for the origin of chinaware. Historical records show that it was produced extensively in China as early as 87 B.C. That explains the origin of the name "China". In Italy, it was called "porcelaine" because of its resemblance to porcellana, a lustrous sea shell.

Four fundamental raw materials are used today. First, china clay or kaolin, the original substance is used. In early times a large deposit of this material was found in China and was known to the Chinese as "Kaoling" meaning high hill. Hence kaoĭn today designates all pure clays which are white when burned . . . A smaller proportion of a more plastic clay, called ball clay, is added to facilitate the forming of the ware. Feldspar combines with the other substances and fuses together in the firing process. Quartz holds up the body structure of the china and gives it unusual strength.

— *Canadian Hospital*, FEBRUARY, 1955

The world's largest orthopedic hospital for children is operated by the Canadian Red Cross in Calgary.

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES

and

Nursing Assistants or Practical Nurses

required for

Federal Indian Health Services

HOSPITAL POSITIONS

Oshweken, Manitowaning, Moose Factory and Sioux Lookout, Ont.; Hodgson, Pine Falls and Norway House, Man.; Fort Qu'Appelle, North Battleford, Sask.; Edmonton, Hobbema, Gleichen, Cardston, Morley and Brocket, Alta.; Sardis, Prince Rupert and Nanaimo, B.C.

PUBLIC HEALTH POSITIONS

Outpost Nursing Stations, Health Centres and field positions in Provinces, Eastern Arctic, and North-West Territories.

SALARIES

(1) Public Health Staff Nurses: up to $3,300 per year depending upon qualifications and location.

(2) Hospital Staff Nurses: up to $3,120 per year depending upon qualifications and location.

(3) Nursing Assistants or Practical Nurses: up to $185 per month, depending upon qualifications.

• Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available. Assistance may be provided to help cover cost of transportation.

• Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to:

Indian and Northern Health Services at one of the following addresses:

(1) 4824 Fraser St., Vancouver 10, B.C.;
(2) Charles Camsell Indian Hospital, Edmonton, Alberta;
(3) 10 Travellers Building, Regina, Sask.;
(4) 522 Dominion Public Building, Winnipeg, Manitoba;
(5) Box 292, North Bay, Ontario;
(6) 55 "B" St. Joseph Street, Quebec, P.Q.;
(7) Moose Factory Indian Hospital, Moosonee, Ontario.

or

Chief, Personnel Division,
Department of National Health and Welfare,
Ottawa, Ontario.

Positions Vacant

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Director of Nursing & Nursing Education for 160-bed General Hospital. Postgraduate course in administration or equivalent experience required. Salary open. Applications should give details of education, qualifications & experience. Apply Administrator, The Victoria Public Hospital, Fredericton, N.B.

Matron (Registered Nurse) for private nursing home, please write Dr. Francis' Private Hospital, Ganges, B.C.

Supt. of Nurses immediately for 67-bed hospital. Salary open depending on training & experience. **Gen. Duty Nurses** also required. Good salary & personnel policies. New 80-bed hospital opening in 1956. Apply M. M. Barber, R.N., Administrator, Portage Hospital, Dist. No. 18, Portage la Prairie, Manitoba.

Operating Room Supervisor for operating suite — 4 rooms. 180-bed hospital. Good salary and personnel policies. Postgraduate course and experience preferred. Apply Miss B. A. Beattie, Director of Nursing, Public General Hospital, Chatham, Ont.

Operating Room Supervisor, Night Supervisor & Staff Nurses. Good salary & personnel policies. Living accommodations available. Apply Director of Nurses, General Hospital, Parry Sound, Ontario.

Psychiatric Nurse to assume position as Head Nurse & Clinical Supervisor of new 38-bed Psychiatric Unit in a 500-bed General Hospital. An excellent opportunity for a Psychiatric Nurse who wishes to assume leadership in developing the policies, procedures & teaching program of this new Psychiatric Unit. Patients treated only by psychiatrists. The most modern facilities & treatment methods. Cooperative administration. Bachelor's Degree required plus Psychiatric experience. Salary commensurate with experience & abilities. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Supervisor of Nursing (Dept. of Public Health) to supervise the activities of a group of nurses engaged in a well-rounded public & school nursing & education program. Applicants should possess certificate in Public Health Nursing, a background of successful experience & supervisory ability. Current salary: $295-$315 per mo. Employee benefits include 5-day wk., 3 wk. vacation, sick leave, pension plan, etc. Forward detailed applications to Personnel Office, City Hall, Saskatoon, Saskatchewan.

Central Supply Room Supervisor to organize & direct dept. in new 250-bed hospital. Experience in operating room &/or central supply desirable. Salary according to education & experience. Apply Supt., Children's Hospital, Winnipeg 4, Manitoba.

Obstetrical Supervisor (1) preferably with postgraduate course, **Day Supervisor (1)** with experience, **Operating Room Scrub Nurse (1), General Duty Nurses (2)** for new 144-adult bed plus 32-bassinette hospital. Good salary & personnel policies. Apply Director of Nurses, Plummer Memorial Public Hospital, Sault Ste. Marie, Ont.

Obstetrical Supervisor (Experienced) for night duty, 11-7. Salary: $230 with board, room & laundry. Write to Director of Nurses, Misericordia Hospital, Haileybury, Ont.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40-hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Obstetrical Supervisor (experienced) for modern, fully accredited 117-bed General Hospital with university-affiliated school of nursing. Postgraduate education desirable. Salary dependent on qualifications. Location 45 miles from Buffalo & Rochester. 40-hr. wk. Retirement plan. Educational aid. Apply Director of Nursing, Wyoming County Community Hospital, Warsaw, N.Y.

EMPLOYMENT OPPORTUNITIES FOR GRADUATE NURSES

Due to the opening of a new wing in a well-equipped, new 125-bed hospital in Suburban Toronto. Enjoy the congenial working conditions of a smaller institution with the advantages of locating in metropolitan Toronto. Residence accommodation optional.

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GENERAL DUTY	$205 - $275 monthly
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SUPERVISORS	$240 - $310 monthly

Apply:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL,
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Operating Room Supervisor for Ontario active surgical unit of 100-bed hospital. Approx. 1,800 cases annually. Vacation after 1 yr. of service. Sick leave, statutory holidays & Blue Cross Plan. Postgraduate diploma desirous but not necessary if experience is adequate. Apply The Director of Nursing, Cottage Hospital, Pembroke, Ont.

Operating Room Supervisor (1) & Nursing Arts Instructor (1) for 110-bed hospital. Apply Supt., The Charlotte County Hospital, St. Stephen, N.B.

Assistant Evening Supervisor for hospital with School of Nursing. Moving to new 250-bed hospital shortly. Apply Director of Nursing, Children's Hospital, Winnipeg 4, Man.

Head Instructor for Training School to teach Sciences. 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec. Manager, General Hospital, Dauphin, Man.

Clinical or Nursing Arts Instructor for university-affiliated school of nursing in modern hospital, pleasantly located 45 miles from Buffalo & Rochester. Starting salary: $3,900. 40-hr. wk. Retirement plan. Apply Director, School of Nursing, Wyoming County Community Hospital, Warsaw, N.Y.

Instructor for school of nursing — Applications are invited for 138-bed hospital. This school is affiliated with Montreal hospitals, the teaching schools associated with McGill University. For particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Instructor to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $255; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Nursing Arts Instructor for School of Nursing, with capacity 195 students, attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or ot least 3 yrs. experience & working toward degree. Located in "All American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Clinical Instructor (2) for 222-bed hospital. Beautiful new nurses' residence combined with teaching unit. Present enrollment 57 students. For further information apply Director of Nursing, St. Joseph's General Hospital, Port Arthur, Ontario.

Clinical Coordinator to be responsible for rotation of student nurses. Applications to be made to The Director of Nursing, Miss Ida Johnson, Royal Alexandra Hospital, Edmonton, Alta.

Assistant Head Nurses for children's orthopedic hospital. Good personnel policies. Pension plan available. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal.

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Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $210 to $260 gross per month. Differential for evening and night duty. Residence Accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

Assistant Head Nurses, Surgical, Obstetrical & General Duty Nurses for 355-bed General Hospital. Starting salary: $260, $270 for afternoons & nights. Apply Director of Nursing Service, St. Vincent's Hospital, 2447 N.W. Westover, Portland 10, Oregon.

Supervisor of Public Health Nursing for generalized program in city of 43,000. 5-day wk., 1 mo. vacation with extra time at Christmas or Easter. Cumulative sick leave. Pension plan, Blue Cross & P.S.I., Workmen's Compensation. Transportation provided or allowance. For further information please write supplying details of training & experience to Dr. J. P. Wells, M.O.H., Peterborough, Ont.

Supervisor & Public Health Nurses (qualified) for Porcupine Health Unit, 5-day wk. 4 wk. vacation. 18 days sick leave annually. Car provided. Good working conditions. Apply Secretary, Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses with Certificate, permanent. Nurses with R.N. temporary for Polio Program. Apply Mr. J. Silvester, Personnel Officer, York Township Health Dept., 2700 Eglinton Ave. W., Toronto 9, Ont.

Public Health Nurse for the Peace River Health Unit. Duties to commence April 1/56. Salary in accordance with Provincial schedule. Apply Sec. Health Unit, Peace River, Alta.

Public Health Nurses for generalized program in Seaway Development Area. Minimum salary: $2,700 with allowance for experience. Group insurance & Blue Cross available. Good transportation policy. Apply R. S. Peat, M.D., Medical Officer of Health, S. D. & G. Health Unit, 104 Second St. W., Cornwall, Ont.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Registered Nurses for General Duty. Initial salary: $200 per mo.; with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

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To organize a surgical unit of 100 beds. Good personnel policies.

Salary: $240 to $300 per month.

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Registered Graduate Nurses for General Duty for 650-bed Tuberculosis Hospital, 10 mi. from downtown Toronto. Gross starting salary: $93 bi-weekly, less $15.23 for room, meals & laundry. 3 annual increments. 44-hr. wk., 8 hr. day, broken hrs. 3 wk. vacation after 1 yr., 9 statutory holidays. Hospital bus service to & from city. Apply Supt. of Nurses, Toronto Hospital, Weston, Ont.

Registered or Graduate Nurses for General Duty (2) for modern 20-bed hospital. Salary & increments in accordance with S.R.N.A. recommendations. 1 mo. vacation & sick time with pay after 1 yr. service. Separate staff residence. Apply Sec.-Man. Riverside Memorial Hospital, Turtleford, Sask.

Registered Nurses (3) immediately for 36-bed General Hospital in southern Manitoba. Starting salary: $210 per mo. with 3 wk. vacation with pay 1st. yr. employment; 4-wk. vacation thereafter. All statutory holidays. Regular sick leave, 50% Blue Cross payments. Apply Supt. of Nurses, Hospital Dist. No. 24, Box 330, Altona, Manitoba.

Registered & Non-Registered Nurses, X-Ray & Lab. Technician for General Hospital. Gross salary for nurses registered in Ont. equivalent to $233.85 per mo. Good personnel policies, new facilities. 8-hr. rotating shifts; 44-hr. wk.; 1-day off 1 wk. & 2 the next. 1½ days holiday & sick leave per mo.; 8 legal holidays per year. Up to $40 travelling expenses & increase paid after 1 yr. service. Semi-private Blue Cross with M.O.S. coverage. Full maintenance is provided including room, board & laundering of uniforms. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses for 18-bed hospital. Salary: $240 less $30 perquisities with yearly increase of $10 per mo. 44-hr. wk. Vacation with pay, all statutory holidays, liberal sick leave. For further information please telephone collect to Miss H. Moore, Matron, Union Hospital, Oxbow, Sask.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence. 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

Registered Nurses for Psychiatry. Student affiliation or postgraduate work preferred. For information apply Director of Nursing, Victoria Hospital, London, Ont.

Registered Nurses for 82-bed accredited hospital. Gross Salary: $210-$230 per mo. 44-hr. 5½-day wk. with no split shifts. 30 days vacation with pay after 1 yr. of service plus statutory holidays. Room in a comfortable residence & laundry of uniforms provided at $10-$12 per mo. Apply Supt. of Nurses, Union Hosp., Canora, Sask.

Registered Nurses — General Staff, Operating Room, Psychiatric for 300-bed General Hospital with new wing opening in April. Starting salary: $220 per mo. with annual increment for 3 years. For further particulars apply Director of Nursing Services, Metropolitan General Hospital, Windsor, Ont.

Graduate Registered Nurses for general duty for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary $300. Good personal policies. Apply Highland Park Hosp., Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 40-bed hospital. Salary $250, full maintenance $45. 42-hr. wk., 28 days annual vacation plus 10 statutory holidays. Rotating shifts, cumulative sick leave, self-contained residence. Apply Director of Nursing, General Hospital, Princeton, B.C.

University of Alberta Hospital

Edmonton, Alberta.

Requires General Duty Nurses. Salary range: $190-$215 per mo. plus 2 meals & laundry. 40-hr. wk. to be instituted not later than March 31st, 1956. Rotating shifts, 21 days vacation, statutory holidays, other benefits.

For further information apply

ASSOC. DIRECTOR OF NURSING (SERVICE), UNIVERSITY OF ALBERTA HOSPITAL, EDMONTON, ALBERTA.

General Duty Registered Nurses & Certified Nursing Assistants for 50-bed hospital. 44 hr. wk. For further information apply Supt. of Nurses, General Hospital, Cobourg, Ont.

General Duty & Surgical Nurses for 64-bed acute treatment, fully accredited hospital in Northern California. Excellent living conditions. Close proximity to vacation areas for leisure time. Full details at once on salaries, working conditions, paid holidays, paid vacations, paid sick leave & other benefits. Please apply Director of Nursing Services, Clinic Hospital, Woodland, California.

General Duty Nurses for 30-bed General Hospital. Excellent working conditions, personnel policies & recreational facilities. Apply Miss M. I. Baker, Supervisor of Nurses, Joyce Memorial Hospital, Shawinigan Falls, Que.

General Duty Nurses for 114-bed hospital. Salary: $220-$250 with $5.00 increments every 6 mo. 44-hr. wk., 3-wk. annual vacation, statutory holidays etc. For further particulars please apply to Director of Nurses, Union Hosp., Swift Current, Sask.

General Duty Nurses for small hospital. Salary: $200 per mo. plus maintenance. 8-hr. day, 44-hr. wk., statutory holidays as outlined by R.N.A.O. Travelling expenses refunded after 12 mo. service. New nurses' residence under construction. Apply Lady Minto Hospital, Chapleau, Ontario.

General Duty Graduate Nurses for well equipped 72-bed hospital on B.C. coast. Salary: $222 per mo. less $25 full maintenance. Semi-annual increments. 28 days vacation plus 10 statutory holidays after 1 yr. Apply Matron, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Duty Nurse for well equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling, skiing. Initial salary: $240, full maintenance, $40. 44-hr. wk. vacation with pay. Comfortable, attractive nurses' residence on grounds. Rail fare advanced if necessary, refunded following 1 yr. service. References required. Apply Bulkley Valley Dist. Hospital, Smithers, B.C.

REGISTERED NURSES

$2,430 - $3,120

ACCORDING TO QUALIFICATIONS

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and

WESTMINSTER HOSPITAL, LONDON

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Office, should be forwarded to the Civil Service Commission, 25 St. Clair Ave., E., Toronto 7, Ontario.

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The Grenfell Mission operates four Hospitals & seven Nursing Stations in northern Newfoundland & on the Labrador. Here is a wonderful opportunity for valuable experience & an adventurous life. If you are making plans for next year, why not consider this splendid service still carried on in the name of a great man?

For full information please write

MISS DOROTHY A. PLANT, SECRETARY, GRENFELL LABRADOR MEDICAL MISSION
48 SPARKS ST., OTTAWA 4, ONTARIO

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurse (1) immediately. Salary: $220 per mo. less $45 for full maintenance in new modern nurses' home. 40-hr. wk. 28 days vacation after 1 yr. service. 10 statutory holidays. Fare refunded after 1 yr. Apply V. H. Collins, Sec.-Treas., General Hospital, Golden, British Columbia.

General Duty Nurses for 165-bed Sanatorium. 44-hr. wk. 4-wk. vacation, statutory holidays. Apply Director of Nursing, Niagara Peninsula Sanatorium, St. Catharines, Ont.

General Duty Nurses. All shifts, no rotation. Starting salary $290, increases to $349 plus shift differential of $10. Specialty services, **Ob-Peds-Tb-Isol** $10-$15 extra. 5 day wk. 3-wk. vacation end of 1st yr. 11 statutory holidays each yr. Nurses' home available at $15 per mo. Ideal location, short distance from San Francisco or mountain resort areas. Apply Director of Nurses, Stanislaus County Hosp., 830 Scenic Drive, Modesto, California.

Graduate Nurses for 29-bed General Hospital — 2 positions open. Beginning salary: $250 per mo. 2-wk. vacation with pay. Sick benefits, Blue Cross Hospitalization & Social Security Benefits. Apply Business Manager, Otis Hosp., Inc., 441 E. Market St., Celina, Ohio.

Operating Room Supervisor. Starting Salary: $300 per mo., **Graduate Nurses** for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1 yr. Apply Director of Nursing, General Hospital, Prince Rupert, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (2) for 64-bed hospital 250 mi. northwest Edmonton. Good train & mail service. Salary as recommended by R.N.A. of Alberta, increments of $5.00 every 6 mo. for 2 yrs. $30 room & board. Transportation allowance up to $50 after 1 yr. service. 28 days paid vacation after 1 yr. plus 10 statutory holidays. 1½ days sick leave per mo. Apply Sr. Superior, Providence Hospital, High Prairie, Alta.

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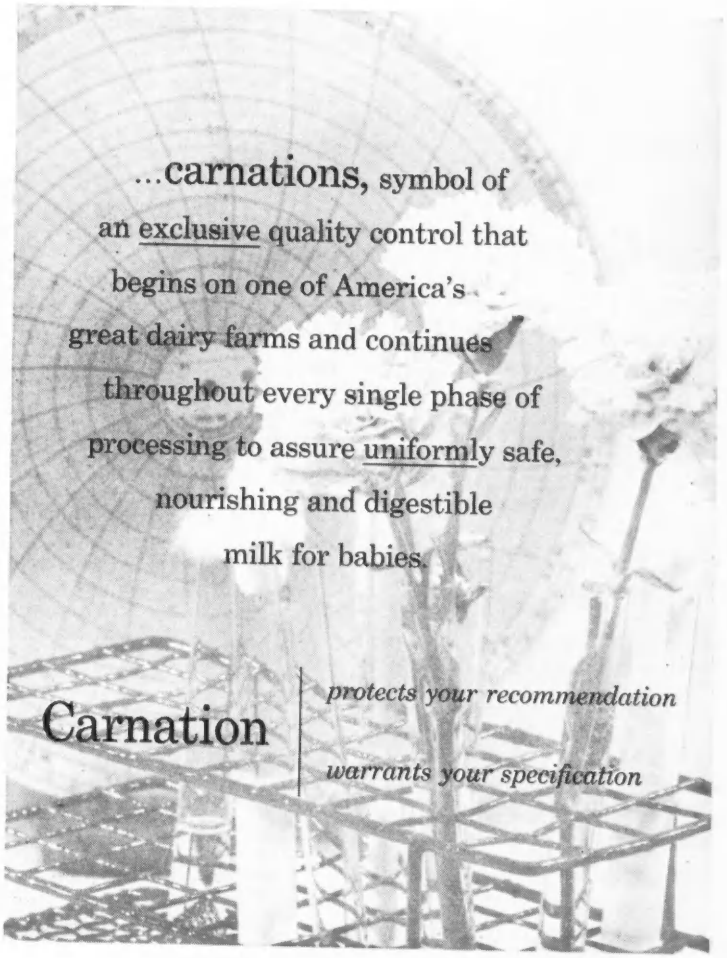

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